

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400392895

Date Received:
03/20/2013

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10417
2. Name of Operator: INCREMENTAL OIL AND GAS (FLORENCE) LLC
3. Address: 4900 CALIFORNIA AVENUE, TOWER B-210
City: BAKERSFIELD State: CA Zip: 93309
4. Contact Name: Alex Hamilton
Phone: (720) 9328253
Fax: (720) 9328100

5. API Number 05-043-06182-01
6. County: FREMONT
7. Well Name: Patti
Well Number: 32-29
8. Location: QtrQtr: SWNE Section: 29 Township: 19S Range: 69W Meridian: 6
9. Field Name: FLORENCE-CANON CITY Field Code: 24600

Completed Interval

FORMATION: PIERRE Status: ABANDONED WELLBORE/COMPLETION Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 07/21/2010
Perforations Top: 2606 Bottom: 3587 No. Holes: 320 Hole size: 8 + 3/4

Provide a brief summary of the formation treatment:

Open Hole: ☐

Pump cement to sidetrack

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Suspected formation damage

Date formation Abandoned: 10/31/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt 296

** Bridge Plug Depth: 3500 ** Sacks cement on top: 296 ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Alex Hamilton

Title: Reservoir Engineer Date: 3/20/2013 Email alex@i-og.net
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Attachment Check List

Att Doc Num	Name
400392895	FORM 5A SUBMITTED
400393257	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)