

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:

2287104

Date Received:

02/21/2012

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: 81295  
2. Name of Operator: RED WILLOW PRODUCTION COMPANY  
3. Address: P O BOX 369  
City: IGNACIO State: CO Zip: 81137  
4. Contact Name: DENNIS CORKRAN  
Phone: (970) 563-5163  
Fax: (970) 563-5161

5. API Number 05-007-06291-00  
6. County: ARCHULETA  
7. Well Name: NORTH CARACCAS 32-4  
Well Number: 16D-2  
8. Location: QtrQtr: NENE Section: 21 Township: 32N Range: 4W Meridian: N  
9. Field Name: Field Code:

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 05/11/2011  
Perforations Top: 4015 Bottom: 7430 No. Holes: 27320 Hole size: 1/2  
Provide a brief summary of the formation treatment: Open Hole: ☐  
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: 05/11/2011 Hours: 2 Bbl oil: Mcf Gas: 122 Bbl H2O:  
Calculated 24 hour rate: Bbl oil: Mcf Gas: 158 Bbl H2O: 280 GOR:  
Test Method: PRODUCTION TEST Casing PSI: 1100 Tubing PSI: 810 Choke Size:  
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 925 API Gravity Oil:  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 3775 Tbg setting date: 04/05/2011 Packer Depth:  
Reason for Non-Production:  
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt  
\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

Comment:

FORM 5 DOC#2287103

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

Signed: \_\_\_\_\_

Print Name: DENNIS CORKRAN

Title: DRILLING & PRODUCTION MGR

Date: 5/26/2011

Email ASIMONS@RWPC.US

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### Attachment Check List

Att Doc Num	Name
2287104	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)