

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 34725
2. Name of Operator: GOSNEY & SONS INC
3. Address: P O BOX 367
City: BAYFIELD State: CO Zip: 81122
4. Contact Name: Matt Barnett
Phone: (970) 884-9533
Fax: (970) 884-0321

5. API Number 05-067-09880-00
6. County: LA PLATA
7. Well Name: KELSALL 33-7
Well Number: 4-4
8. Location: QtrQtr: NENEW Section: 4 Township: 33N Range: 7W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/15/2013 End Date: 05/15/2013 Date of First Production this formation: 06/01/2013

Perforations Top: 2976 Bottom: 3100 No. Holes: 200 Hole size: 01/2

Provide a brief summary of the formation treatment: Open Hole: []

Frac stimulated in one stage with 209,000 lbs proppant (85% 20/40 sand and 15% 14/30 flex sand) in 2,869bbls gelled water.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 2978 Max pressure during treatment (psi): 2269

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 76 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 3830

Fresh water used in treatment (bbl): 2970 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 209000 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/05/2013 Hours: 1 Bbl oil: 0 Mcf Gas: 8 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 200 Bbl H2O: 0 GOR:

Test Method: flow up casing Casing PSI: 180 Tubing PSI: 150 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 980 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 3022 Tbg setting date: 05/30/2013 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:

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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: Matthew Barnett
Title: Secretary Date: 6/6/2013 Email: mattb@gosneyco.com
:

Attachment Check List

Att Doc Num	Name
400423060	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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