

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 2389047

Date Received: 04/12/2013

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: 10374
2. Name of Operator: RED MOUNTAIN RESOURCES LLC
3. Address: 6538 JUNGFRAU WAY
City: EVERGREEN State: CO Zip: 80439
4. Contact Name: PHIL BARBER
Phone: (303) 808-8909
Fax:

5. API Number 05-075-05078-00
6. County: LOGAN
7. Well Name: COLORADO STATE
Well Number: J-18
8. Location: QtrQtr: NWSW Section: 21 Township: 6N Range: 54W Meridian: 6
9. Field Name: MERINO Field Code: 54050

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type:
Treatment Date: 03/11/2013 End Date: 03/12/2013 Date of First Production this formation: 11/21/1958
Perforations Top: 5035 Bottom: 5060 No. Holes: 42 Hole size: 39/100

Provide a brief summary of the formation treatment:

Open Hole: []

THE CASING WAS PREFORATED AT 5035-5038' AND 5056-5060'. THESE ARE FURTHER J-SAND PERFORATIONS, THE ZONE THAT THIS WELL HAS BEEN PRODUCING FROM SINCE ITS ORIGINAL COMPLETION IN 1958. NO FURTHER TREATMENT WAS DONE.

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

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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:

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:

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

Signed: _____ Print Name: PHILIP E BARBER

Title: CEO Date: 4/10/2013 Email PBARBEROIL@AOL.COM

Attachment Check List

Att Doc Num	Name
2234014	WIRELINER JOB SUMMARY
2389047	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Sundry approved for an after the fact gross interval change. CIBP set at 5051' with no cement. Please see attached wireline job summary.	7/11/2013 12:36:58 PM
Permit	On Hold. Spoke with operator and requested logs run as well as a sundry for an after the fact gross interval change.	5/30/2013 8:03:35 AM
Permit	On Hold. Requested information on gross interval change from engineering.	5/29/2013 12:09:07 PM

Total: 3 comment(s)