

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: 400447117

Date Received:

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: 200184
2. Name of Operator: TRILOGY RESOURCES LLC
3. Address: 5441 BOEING DRIVE #100
City: LOVELAND State: CO Zip: 80538
4. Contact Name: Jeff Reale
Phone: (970) 669-3318
Fax: (970) 667-0046

5. API Number 05-123-36547-00
6. County: WELD
7. Well Name: Wind
Well Number: 17-11
8. Location: QtrQtr: SENW Section: 17 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/14/2013 End Date: 05/14/2013 Date of First Production this formation: 06/12/2013

Perforations Top: 7340 Bottom: 7360 No. Holes: 80 Hole size: 0.38

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

Frac Codell W/ 3937 bbls slickwater & 119,080#s 30/50 sand, spearhead 500 bbls KCL ahead of frac

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

Total fluid used in treatment (bbl): 3937 Max pressure during treatment (psi): 5745
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.70
Type of gas used in treatment: Min frac gradient (psi/ft): 0.84
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 717
Fresh water used in treatment (bbl): 3937 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 119080 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/15/2013 Hours: 24 Bbl oil: 89 Mcf Gas: 156 Bbl H2O: 53
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: 571
Test Method: Flowing Casing PSI: 350 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1314 API Gravity Oil: 48
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:

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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: Jeff Reale

Title: Manager Date: _____ Email jeff@mistymountainop.com
:

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
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Total: 0 comment(s)