

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:

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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: 10414

2. Name of Operator: CASCADE PETROLEUM LLC

3. Address: 1331 17TH STREET #400

City: DENVER State: CO Zip: 80202

4. Contact Name: Melissa Lasley

Phone: (303) 407-6815

Fax: (303) 407-6501

5. API Number 05-073-06501-00

7. Well Name: STATE

8. Location: QtrQtr: SWSW Section: 16 Township: 11S Range: 55W Meridian: 6

9. Field Name: WILDCAT Field Code: 99999

6. County: LINCOLN

Well Number: 16-11S-55W-02

Completed Interval

|                                   |                  |                                      |                       |  |  |
|-----------------------------------|------------------|--------------------------------------|-----------------------|--|--|
| FORMATION: <u>CHEROKEE</u>        |                  | Status: <u>TEMPORARILY ABANDONED</u> |                       | Treatment Type: <u>ACID JOB</u>                |  |
| Treatment Date: <u>03/15/2013</u> |                  | End Date: <u>03/28/2013</u>          |                       | Date of First Production this formation: _____ |  |
| Perforations                      | Top: <u>7116</u> | Bottom: <u>7187</u>                  | No. Holes: <u>168</u> | Hole size: <u>0.43</u>                         |  |

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

C: 37 bbl 15% HCL, 51.5 bbl water  
 B: 40 bbl 15% HCL, 95.5 bbl water  
 A: 45 bbl 15% HCL, 43 bbl water

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

|   |   |
|---|---|
| Total fluid used in treatment (bbl): <u>369</u> | Max pressure during treatment (psi): <u>1600</u>  |
| 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): <u>122</u>  | Number of staged intervals: _____   |
| Recycled water used in treatment (bbl): _____   | Flowback volume recovered (bbl): _____  |
| Fresh water used in treatment (bbl): <u>246</u> | Disposition method for flowback: <u>DISPOSAL</u>  |
| Total proppant used (lbs): _____                | Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/> |

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

|                          |                             |                         |                            |                    |
|--------------------------|-----------------------------|-------------------------|----------------------------|--------------------|
| Date: <u>03/26/2013</u>  | Hours: <u>24</u>            | Bbl oil: <u>1</u>       | Mcf Gas: <u>0</u>          | Bbl H2O: <u>41</u> |
| Calculated 24 hour rate: | Bbl oil: <u>1</u>           | Mcf Gas: <u>0</u>       | Bbl H2O: <u>41</u>         | GOR: <u>0</u>      |
| Test Method: <u>Swab</u> | Casing PSI: _____           | Tubing PSI: _____       | Choke Size: _____          |                    |
| Gas Disposition: _____   | Gas Type: _____             | Btu Gas: <u>1472</u>    | API Gravity Oil: <u>34</u> |                    |
| Tubing Size: _____       | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____        |                    |

Reason for Non-Production: Uneconomic, temporarily abandoned

Date formation Abandoned: 03/27/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 7060      \*\* Sacks cement on top: \_\_\_\_\_      \*\* Wireline and Cement Job Summary must be attached.

FORMATION: MARMATON Status: PRODUCING Treatment Type: ACID JOB  
Treatment Date: 03/28/2013 End Date: 04/07/2013 Date of First Production this formation: 04/04/2013  
Perforations Top: 7020 Bottom: 7030 No. Holes: 60 Hole size: 0.43  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

20 bbl 20% HCL, 61.24 15% HCL, 136.56 bbl water

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

Total fluid used in treatment (bbl): 218 Max pressure during treatment (psi): 1660  
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): 81 Number of staged intervals: \_\_\_\_\_  
Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): 136 Disposition method for flowback: DISPOSAL  
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: 04/22/2013 Hours: 24 Bbl oil: 4 Mcf Gas: 2 Bbl H2O: 195  
Calculated 24 hour rate: Bbl oil: 4 Mcf Gas: 2 Bbl H2O: 195 GOR: 0  
Test Method: Production Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: FLARED Gas Type: \_\_\_\_\_ Btu Gas: 1472 API Gravity Oil: 34  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7027 Tbg setting date: 08/19/2013 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: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Melissa Lasley  
Title: Engineering Technician Date: \_\_\_\_\_ Email: mlasley@cascadepetroleum.com

**Attachment Check List**

**Att Doc Num** **Name**

400478488 WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group** **Comment** **Comment Date**

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Total: 0 comment(s)