

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: 10435
2. Name of Operator: MENDELL NIOBRARA LLC
3. Address: 7979 IVANHOE AVENUE #300
City: SAN DIEGO State: CA Zip: 92037
4. Contact Name: CLAYTON DOKE
Phone: (970) 669-7411
Fax: (970) 669-4077

5. API Number 05-123-36264-00
6. County: WELD
7. Well Name: HOSHIKO
Well Number: 34-25
8. Location: QtrQtr: SWSE Section: 25 Township: 5N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/10/2013 End Date: 01/10/2013 Date of First Production this formation:

Perforations Top: 6682 Bottom: 6696 No. Holes: 4 Hole size: 046/100

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

199,920# 30/50# Sand, 2,167 bbls Crosslink Gel pumped

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

Total fluid used in treatment (bbl): 4157

Max pressure during treatment (psi): 4258

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 0.25

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.48

Total acid used in treatment (bbl): 24

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 1674

Fresh water used in treatment (bbl): 3990

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 199920

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

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.

FORMATION: NIOBARRA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 03/03/2013

Perforations Top: 6430 Bottom: 6696 No. Holes: 144 Hole size: 046/100

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: 03/03/2013 Hours: 24 Bbl oil: 125 Mcf Gas: 262 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 125 Mcf Gas: 262 Bbl H2O: 0 GOR: 2096

Test Method: FLOWING Casing PSI: 2025 Tubing PSI: _____ Choke Size: 012/64

Gas Disposition: VENTED Gas Type: WET Btu Gas: 1328 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6663 Tbg setting date: 04/19/2013 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/10/2013 End Date: 01/10/2013 Date of First Production this formation: _____

Perforations Top: 6430 Bottom: 6578 No. Holes: 88 Hole size: 046/100

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

250,580# 30/50# Sand, 2,362 bbls Crosslink Gel pumped

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

Total fluid used in treatment (bbl): 3680 Max pressure during treatment (psi): 4606

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.25

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.44

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1674

Fresh water used in treatment (bbl): 3553 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250580 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

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: CLAYTON DOKE

Title: SENIOR ENGINEER Date: _____ Email: cdoke@iptengineers.com

Attachment Check List

Att Doc Num **Name**

400440453 WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)