

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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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: 30680 4. Contact Name: April Pohl
 2. Name of Operator: FOUR STAR OIL & GAS COMPANY Phone: (505) 333-1941
 3. Address: 1400 SMITH STREET - ROOM 44195 Fax: (505) 334-7134
 City: HOUSTON State: TX Zip: 77002

5. API Number 05-067-08421-00 6. County: LA PLATA
 7. Well Name: SOUTHERN UTE Well Number: 16-6
 8. Location: QtrQtr: NENE Section: 16 Township: 33N Range: 10W Meridian: N
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: _____
 Treatment Date: 07/02/2013 End Date: 07/02/2013 Date of First Production this formation: _____
 Perforations Top: 796 Bottom: 851 No. Holes: 152 Hole size: 3 + 1/8

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

Perforate well @ 2613'-2614', 2638'-2639-, 2843'-2844', 2698'-2700', 2709'-2714', 2734'-2754', 2777'-2778', 2782'-2789'. Perforated 38 feet across 176' overall with 3-1/8" HEGS gun loaded with 34B Hyperject, 4 spf with 90 degree phasing. Total of 152 shots over 176'.

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: _____ 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:

Submitted per request

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

Signed: _____ Print Name: April E. Pohl

Title: Regulatory Specialist Date: _____ Email: April.Pohl@chevron.com
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Attachment Check List

Att Doc Num **Name**

400479959	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)