

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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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, reoperation 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: 69805 4. Contact Name: MICHAEL J. CLARK
 2. Name of Operator: PETROX RESOURCES INC Phone: (970) 878-5594
 3. Address: P O BOX 2600 Fax: (970) 878-4489
 City: MEEKER State: CO Zip: 81641

5. API Number 05-007-06099-00 6. County: ARCHULETA
 7. Well Name: FOSSET GULCH 9U Well Number: 1A
 8. Location: QtrQtr: NENW Section: 9 Township: 34N Range: 5W Meridian: M
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 07/10/2013

Perforations Top: 2050 Bottom: 2110 No. Holes: 7 Hole size: 50/100

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

ACIDIZED PERFORATIONS WITH 750 GALS 15% HCL FLUSH W/8 BBLs WATER.

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): 18 Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 63

Fresh water used in treatment (bbl): 8 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: 09/29/2011 Hours: 12 Bbl oil: 0 Mcf Gas: 300 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 600 Bbl H2O: 5 GOR: _____

Test Method: FLOWING Casing PSI: 110 Tubing PSI: 35 Choke Size: _____

Gas Disposition: VENTED Gas Type: COAL GAS Btu Gas: 960 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2109 Tbg setting date: 09/27/2011 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: BARBARA J. VAUGHN
Title: ADMIN. ASST. Date: 9/11/2013 Email: BARB.PETROXCBM@GMAIL.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2430505	FORM 5A SUBMITTED
2430506	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)