

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: 2430503

Date Received: 09/24/2013

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

5. API Number 05-007-06272-01
6. County: ARCHULETA
7. Well Name: MILDRED WRIGHT Well Number: 1 R
8. Location: QtrQtr: SENE Section: 16 Township: 33N Range: 5W Meridian: N
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: Bottom: No. Holes: Hole size:

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

COMPLETED WITH 2.875, 6.5# SLOTTED LINER IN HORIZONTAL INTERVAL FROM 2623'-3595'. OPEN HOLE COMPLETED.

This formation is commingled with another formation: [] Yes [X] 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): 24 Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 319

Fresh water used in treatment (bbl): 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: 11/23/2009 Hours: 12 Bbl oil: 0 Mcf Gas: 90 Bbl H2O: 25

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 180 Bbl H2O: 50 GOR:

Test Method: FLOWING Casing PSI: 200 Tubing PSI: 181 Choke Size: 3/8

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2529 Tbg setting date: 08/20/2009 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: 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>
2430503	FORM 5A SUBMITTED
2430504	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)