

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: 2430501

Date Received: 09/17/2013

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: MIKE CLARK Phone: (970) 878-5594 Fax: (970) 878-4489

5. API Number 05-007-06276-00 6. County: ARCHULETA 7. Well Name: WRIGHT 33-5 Well Number: 21-1 8. Location: QtrQtr: SWNW Section: 21 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 A 4.5", 4.7# SLOTTED LINER IN LATERAL INTERVAL FROM 2893'-6225'. 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): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 667 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: 03/04/2010 Hours: 12 Bbl oil: 0 Mcf Gas: 500 Bbl H2O: 25 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1000 Bbl H2O: 50 GOR: Test Method: FLOWING Casing PSI: 250 Tubing PSI: 30 Choke Size: Gas Disposition: VENTED Gas Type: COAL GAS Btu Gas: 960 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 2977 Tbg setting date: 03/04/2010 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: 9/12/2013 Email BARB.PETROXCBM@GMAIL.COM  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2430501	FORM 5A SUBMITTED
2430502	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)