

FORM
5ARev
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:

2430497

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 4. Contact Name: MIKE 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 05-007-06277-00 6. County: ARCHULETA
 7. Well Name: WRIGHT 33-5 Well Number: 16-1
 8. Location: QtrQtr: SESW 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: ☒

COMPLETED WITH 4.5"-11.6# SLOTTED LINER IN HORIZONTAL INTERVAL FROM 2337'-5505'. OPEN HOLE COMPLETED.

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): 1007
 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: 06/09/2010 Hours: 12 Bbl oil: 0 Mcf Gas: 450 Bbl H2O: 34
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 900 Bbl H2O: 68 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: 233 Tbg setting date: 06/11/2010 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: 9/10/2013 Email BARB.PETROXCBM@GMAIL.COM
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Attachment Check List

Att Doc Num **Name**

2430497	FORM 5A SUBMITTED
2430498	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

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Total: 0 comment(s)