

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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Document Number:

1953348

Date Received:

10/08/2013

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: 27480
2. Name of Operator: ENERGEN RESOURCES CORPORATION
3. Address: 2010 AFTON PLACE
City: FARMINGTON State: NM Zip: 87401
4. Contact Name: ANNA STOTTS
Phone: (505) 325-6800
Fax: (505) 326-6112

5. API Number 05-007-06308-00
6. County: ARCHULETA
7. Well Name: NAVAJO LAKE 32-5
Well Number: 21-2
8. Location: QtrQtr: NWNE Section: 20 Township: 32N Range: 5W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type:
Treatment Date: 05/04/2012 End Date: 05/07/2012 Date of First Production this formation:
Perforations Top: 4514 Bottom: 9306 No. Holes: 28752 Hole size: 1/2

Provide a brief summary of the formation treatment:

Open Hole: ☐

5000 GAL 15% HCL

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): 5000

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: 05/07/2012 Hours: 2 Bbl oil: 0 Mcf Gas: 680 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR:
Test Method: PRODUCTION TEST Casing PSI: Tubing PSI: Choke Size: 1 + 1/2
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: Tbg setting date: 05/14/2012 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:

CHECK TEST INFORMATION DATA. ALL "0" ENTERED FOR SUBMISSION.

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

Signed: _____ Print Name: ANNA STOTTS

Title: REGULATORY Date: 5/8/2012 Email ASTOTTS@ENERGEN.COM
:

Attachment Check List

Att Doc Num **Name**

1953348	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

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

Data Entry	CHECK TEST INFORMATION: ALL "0" ENTERED FOR SUBMISSION.	10/17/2013 10:52:13 AM
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Total: 1 comment(s)