

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:

2431344

Date Received:

11/04/2013

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: 25255
2. Name of Operator: DUKE GAS COMPANY LLC
3. Address: 22500 COUNTY RD 24
City: VERNON State: CO Zip: 80755
4. Contact Name: DIANA CANTRALL
Phone: (970) 332-5610
Fax:

5. API Number 05-125-12078-00
6. County: YUMA
7. Well Name: CANTRALL
Well Number: 35-1
8. Location: QtrQtr: NENE Section: 35 Township: 1S Range: 45W Meridian: 6
9. Field Name: DUKE Field Code: 18890

Completed Interval

FORMATION: NIOBRARA Status: WAITING ON COMPLETION Treatment Type:
Treatment Date: 10/24/2013 End Date: 10/24/2013 Date of First Production this formation:
Perforations Top: 2200 Bottom: 2234 No. Holes: 102 Hole size: 3/4

Provide a brief summary of the formation treatment:

Open Hole: ☐

HYDRAULIC FRACKING

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 810

Max pressure during treatment (psi): 1208

Total gas used in treatment (mcf): 35

Fluid density at initial fracture (lbs/gal): 870.00

Type of gas used in treatment: CARBON DIOXIDE

Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 12

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 810

Disposition method for flowback:

Total proppant used (lbs): 100360

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/24/2013 Hours: 50 Bbl oil: 0 Mcf Gas: 693 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 336 Bbl H2O: 0 GOR:
Test Method: CHOKE Casing PSI: 52 Tubing PSI: 0 Choke Size: 3/4
Gas Disposition: VENTED Gas Type: CO2 Btu Gas: 0 API Gravity Oil: 0
Tubing Size: Tubing Setting Depth: Tbg setting date: 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:

TEST INFORMATION: 000 ENTERED IN FIELDS OMITTED BY OPERATOR 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: DIANA CANTRALL

Title: OWNER

Date: 10/31/2013

Email: DCANTRALL@PLAINSTEL.COOP

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Attachment Check List

Att Doc Num

Name

2431344

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)