

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:

2431321

Date Received:

11/08/2013

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: 95620
 2. Name of Operator: WESTERN OPERATING COMPANY
 3. Address: 518 17TH ST STE 200
 City: DENVER State: CO Zip: 80202
 4. Contact Name: STEVEN D. JAMES
 Phone: (303) 893-2432
 Fax: (303) 629-5735

5. API Number 05-073-06485-00
 6. County: LINCOLN
 7. Well Name: CULLEN BOYERO
 Well Number: 1-30
 8. Location: QtrQtr: NWNE Section: 30 Township: 12S Range: 52W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: CHEROKEE Status: SHUT IN Treatment Type:
 Treatment Date: 11/15/2013 End Date: 01/15/2013 Date of First Production this formation:
 Perforations Top: 5896 Bottom: 5902 No. Holes: 24 Hole size: 4

Provide a brief summary of the formation treatment:

Open Hole: ☐

ACIDIZE W/600GAL 15% MCA ACID W/36 BBLS 2% KCL WATER HOLE LOADED W/14 BBL FLUSH-3.4 BPM/50#
 .2 BPM/570#, 34.5 BBLS IN .3 BPM/570>240#, 36 BBLS IN .9 BPM/50#, .9 BPM<1.5 BPM/50<170#, END FLUSH 50 BBLS 1.6 BPM/80#
 ISIP-50# VAC IN 30 SEC.

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):

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: Hours: Bbl oil: Mcf Gas: Bbl H2O:
 Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
 Test Method: Casing PSI: Tubing PSI: Choke Size:
 Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 0 Tbg setting date: 01/24/2013 Packer Depth: 0

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 5880 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: MARMATON Status: SHUT IN Treatment Type: _____
Treatment Date: 01/24/2013 End Date: 01/24/2013 Date of First Production this formation: _____
Perforations Top: 5812 Bottom: 5818 No. Holes: 24 Hole size: 4
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

ACIDIZE W/600 GAL 15% RWR 1 ACID W/19 BBL 2% KCL WATER PRESSURE TO 1400# BLEED DOW TO 400#.

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): _____
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: 01/26/2013 Hours: 0 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 128
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: 0
Test Method: none Casing PSI: 0 Tubing PSI: 0 Choke Size: 0
Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5760 Tbg setting date: 01/24/2013 Packer Depth: 5760

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5880 ** 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: STEVEN D. JAMES
Title: PRESIDENT Date: 10/29/2013 Email: STEVE@WESTERNOPERATING.COM

Attachment Check List

Att Doc Num	Name
2431321	FORM 5A SUBMITTED
2431322	WELLBORE DIAGRAM
2431323	CEMENT JOB SUMMARY
2518767	WIRELINER JOB SUMMARY

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Requested wireline ticket?	11/15/2013 9:00:42 AM

Total: 1 comment(s)