

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: 400525350

Date Received:

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: 10414
2. Name of Operator: CASCADE PETROLEUM LLC
3. Address: 1331 17TH STREET #400
City: DENVER State: CO Zip: 80202
4. Contact Name: Melissa Lasley
Phone: (303) 407-6518
Fax: (303) 407-6501
Email: mlasley@cascadepetroleum.com

5. API Number 05-073-06491-00
6. County: LINCOLN
7. Well Name: FORRISTALL STATE
Well Number: 22-10S-56W-01
8. Location: QtrQtr: SENW Section: 22 Township: 10S Range: 56W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: LANSING Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 7316 Bottom: 7322 No. Holes: 36 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: []

Perfed and swabbed formation

This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: [X]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/07/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 30
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 30 GOR: 0
Test Method: swabbing Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: No 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: Melissa Lasley

Title: Engineering Technician Date: _____ Email: mlasley@cascadepeotroleu.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

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