

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



DE ET OE ES

Document Number:

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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 ☒ 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: 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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