

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 7800
2. Name of Operator: BEREN CORPORATION
3. Address: 2020 N BRAMBLEWOOD STREET
City: WICHITA State: KS Zip: 67206
4. Contact Name: RODNEY ROBERTS
Phone: (316) 337-8340
Fax: (316) 6812-4740
Email: REYNOLDSR@BEREXCO.COM

5. API Number 05-123-07003-00
6. County: WELD
7. Well Name: MOYER UNIT
Well Number: 9-29
8. Location: QtrQtr: NESE Section: 29 Township: 12N Range: 56W Meridian: 6
9. Field Name: BORDER Field Code: 7400

Completed Interval

FORMATION: J SAND Status: INJECTING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 07/13/1967
Perforations Top: 6279 Bottom: 6385 No. Holes: 36 Hole size: 1/2
Provide a brief summary of the formation treatment: Open Hole:
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 + 3/8 Tubing Setting Depth: 6229 Tbg setting date: 03/20/2013 Packer Depth: 6229

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:

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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: RODNEY REYNOLDS
Title: DIVISION ENGINEER Date: 7/17/2013 Email: REYNOLDSR@BEREXCO.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
1534335	FORM 5A SUBMITTED
1534336	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)