

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:

1635505

Date Received:

04/22/2011

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: 75027
2. Name of Operator: ROSEWOOD RESOURCES INC
3. Address: 2101 CEDAR SPRINGS RD STE 1500
City: DALLAS State: TX Zip: 75201
4. Contact Name: STACEY OWSTON
Phone: (970) 848-2228
Fax: (970) 848-2245
Email: SOWSTON@ROSEWD.COM

5. API Number 05-125-11931-00
6. County: YUMA
7. Well Name: Lett
Well Number: 33-15 5N46W
8. Location: QtrQtr: NWSE Section: 15 Township: 5N Range: 46W Meridian: 6
9. Field Name: PHUMA Field Code: 68650

Completed Interval

FORMATION: _____ Status: _____ Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole size: _____
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: _____ 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:

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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: STACEY OWSTON

Title: ADMIN. ASST Date: 4/20/2011 Email SOWSTON@ROSEWD.COM
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Attachment Check List

Att Doc Num **Name**

1635505	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 4 for relocation submitted and approved.	6/4/2013 10:53:00 AM
Permit	SHL was moved apparently without proper paperwork submitted or approved. Nancy and Jane working on it.	7/11/2012 8:01:05 AM

Total: 2 comment(s)