

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: 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 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: 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: If yes, number of sacks cmt ** Bridge Plug Depth: ** 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: 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

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

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)