

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:

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Date Received:

01/28/2014

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: 10352	4. Contact Name: George Rooney
2. Name of Operator: CM PRODUCTION LLC	Phone: (303) 619-1908
3. Address: 600 17TH STREET #2800 SOUTH	Fax:
City: DENVER State: CO Zip: 80202	Email: gbrooneyiv@yahoo.com

5. API Number 05-057-06057-00	6. County: JACKSON
7. Well Name: MARGARET SPAULDING	Well Number: 5
8. Location: QtrQtr: SESE Section: 28 Township: 9N Range: 81W Meridian: 6	
9. Field Name: LONE PINE	Field Code: 51375

Completed Interval

FORMATION: <u>DAKOTA</u>		Status: <u>SHUT IN</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>08/06/1975</u>		End Date: <u>08/06/1975</u>		Date of First Production this formation: <u>08/10/1975</u>	
Perforations	Top: <u>2547</u>	Bottom: <u>2559</u>	No. Holes: <u>24</u>	Hole size: _____	

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Acid treatment on 08/05/1975: 1,000 gal of 15% HCL. 4 BPM. Breakdown 1,000 psig, 1,400 psig treatment, ISIP 1,300 psig, 10 min 100 psig.
 Frac Dakota down csg w/612 bbls of gelled fluid & 12,500# 10/20 sand. Rate 13 bbl/min, sand conc. 1/2# to 1#/bbl. Max press. 3000 psig, final treating press. 2700 psig, ISIP 2400 psig, 20 min 1500 psig.

This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>651</u>	Max pressure during treatment (psi): <u>4400</u>
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): <u>23</u>	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: <input type="checkbox"/>
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: Well SI, waiting on UIC permit approval

Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
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** Bridge Plug Depth: _____
 ** Sacks cement on top: _____
 ** Wireline and Cement Job Summary must be attached.

FORMATION: LAKOTA Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 08/28/1972
Perforations Top: 2608 Bottom: 2673 No. Holes: _____ Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☒

Set CIBP above Lakota open hole completion.

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: P & A'd

Date formation Abandoned: 08/05/1975 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 2593 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

Updating perms & completion info from 1975 Dakota re-completion, not reported to COGCC.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: George Rooney

Title: Consulting Pet. Eng. Date: 1/28/2014 Email gbrooneyiv@yahoo.com

Attachment Check List

Att Doc Num	Name
400508586	FORM 5A SUBMITTED
400508587	OPERATIONS SUMMARY
400508588	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	This form is being submitted in order to provide the Scout Card with missing information on perforations, treatment and what is open/shut in the wellbore. Combined panel for acid treatment and frac stim in the Dakota formation. See wellbore diagram and operations summary attachments.	2/5/2014 11:36:42 AM

Total: 1 comment(s)