

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: 96735
2. Name of Operator: WILLIFORD RESOURCES, L.L.C.
3. Address: 6506 S LEWIS AVE STE 102
City: TULSA State: OK Zip: 74136
4. Contact Name: A. HEARNE WILLFORD
Phone: (918) 7128828
Fax: (918) 7128868
Email: HWILLI@SWBELL.NET

5. API Number 05-067-06917-00
6. County: LA PLATA
7. Well Name: CINCO-DE MAYO
Well Number: 1
8. Location: QtrQtr: SESW Section: 22 Township: 33N Range: 12W Meridian: N
9. Field Name: RED MESA Field Code: 72890

Completed Interval

FORMATION: MENEFFEE Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 403 Bottom: 1500 No. Holes: Hole size:
Provide a brief summary of the formation treatment: Open Hole: [X]

NO TREATMENT

This formation is commingled with another formation: [ ] Yes [X] No
Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: [ ]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/15/1987 Hours: 24 Bbl oil: 0 Mcf Gas: 45 Bbl H2O: 5
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 45 Bbl H2O: 170 GOR:
Test Method: flowing Casing PSI: 0 Tubing PSI: 0 Choke Size: 64/64
Gas Disposition: VENTED Gas Type: DRY Btu Gas: 0 API Gravity Oil: 0
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: WAITING FOR WATER DISPOAL

Date formation Abandoned: 09/08/2010 Squeeze: [ ] Yes [X] No If yes, number of sacks cmt
\*\* Bridge Plug Depth: 510 \*\* Sacks cement on top: 2 \*\* 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: A. HEARNE WILLFORD  
Title: MANAGER Date: 1/21/2014 Email: HWILLI@SWBELL.NET  
:

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2432330	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Revisions to form made by Mark Weems	2/11/2014 12:16:29 PM

Total: 1 comment(s)