

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:

400578181

Date Received:

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: 16830

2. Name of Operator: CHOLLA PRODUCTION LLC

3. Address: 10390 W BRADFORD RD #201

City: LITTLETON State: CO Zip: 80127

4. Contact Name: EMILY HUNDLEY-GOFF

Phone: (303) 6234565

Fax: (303) 6235062

Email: cholla_production@msn.com

5. API Number 05-009-06612-00

7. Well Name: BALOO

8. Location: QtrQtr: NE Section: 4 Township: 31S Range: 43W Meridian: 6

9. Field Name: WALSH Field Code: 90650

6. County: BACA

Well Number: 1-4

Completed Interval

FORMATION: TOPEKA Status: SHUT IN Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 3308 Bottom: 3408 No. Holes: 56 Hole size: 7 + 7/8

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:

Well stopped pumping the middle of November, 2013. Attempted to restore production late Nov/early Dec. 2013. Replaced pump. Would not pump. Pulled rods and pump. Attempted to pull tubing but tubing parted. Will make one more attempt to restore production in April, 2014. If unsuccessful, will plug well.

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:

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

Signed: _____ Print Name: Emily Hundley-Goff

Title: Owner/Manager Date: _____ Email: cholla_production@msn.com

Attachment Check List

Att Doc Num **Name**

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)