

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: 1535320 Date Received: 09/10/2013

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: 97810 2. Name of Operator: YATES PETROLEUM CORPORATION 3. Address: 105 SOUTH 4TH ST City: ARTESIA State: NM Zip: 88210 4. Contact Name: TINA HUERTA Phone: (575) 748-4168 Fax: (575) 748-4585 Email: TINAH@YATESPETROLEUM.COM

5. API Number 05-081-07445-00 6. County: MOFFAT 7. Well Name: THORNBURG UNIT 8. Location: QtrQtr: NWNW Section: 11 Township: 11N Range: 92W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: LEWIS Status: ABANDONED WELLBORE/COMPLETION Treatment Type: Treatment Date: 07/14/2009 End Date: 07/14/2009 Date of First Production this formation: Perforations Top: 5099 Bottom: 5319 No. Holes: 40 Hole size: 2/10

Provide a brief summary of the formation treatment: Open Hole: FRAC W/95000g DELTA 200 X-LINKED BORATE GEL AND 300,000# 20/40 OTTAWA SAND.

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): 300000 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: NOT ECONOMICAL Date formation Abandoned: 07/20/2009 Squeeze: Yes No If yes, number of sacks cmt \*\* Bridge Plug Depth: 5050 \*\* Sacks cement on top: 4 \*\* Wireline and Cement Job Summary must be attached.

Comment:

CHECK FORMATION TREATMENT HOLE SIZE. OPERATOR NOT ENTER FRACTION.

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

Signed: \_\_\_\_\_ Print Name: TINA HUERTA

Title: REGULATORY Date: 9/10/2013 Email TINAH@YATESPETROLEUM.COM

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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
1535320	FORM 5A SUBMITTED
1535330	OTHER

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting.	7/23/2014 7:24:06 AM
Data Entry	CHECK FORMATION TREATMENT HOLE SIZE. OPERATOR ENTER 2 SPF. NEED FRACTION FOR ENTRY.	9/24/2013 12:58:30 PM

Total: 2 comment(s)