

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Document Number:
400665432

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: <u>10440</u>	4. Contact Name: <u>Kimberly Rodell</u>
2. Name of Operator: <u>AURORA POWER RESOURCES INC</u>	Phone: <u>(303) 942-0506</u>
3. Address: <u>4645 SWEETWATER BLVD STE 200</u>	Fax: _____
City: <u>SUGAR LAND</u> State: <u>TX</u> Zip: <u>77479</u>	Email: <u>krodell@upstreampm.com</u>

5. API Number <u>05-087-08178-00</u>	6. County: <u>MORGAN</u>
7. Well Name: <u>David Bender</u>	Well Number: <u>1A</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>12</u> Township: <u>4N</u> Range: <u>60W</u> Meridian: <u>6</u>	
9. Field Name: <u>BIJOU WEST</u>	Field Code: <u>6730</u>

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>ABANDONED WELLBORE/COMPLETION</u>	Treatment Type: <u>ACID JOB</u>
Treatment Date: <u>04/04/2014</u>	End Date: <u>04/04/2014</u>	Date of First Production this formation: <u>04/03/2014</u>
Perforations Top: <u>6438</u>	Bottom: <u>6463</u>	No. Holes: <u>92</u> Hole size: <u>41/100</u>

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

Pumped 36 bbl acid blend (1000 gal 15% HCl+500 gal 10% Acetic acid w/ NE agent, clay stabilizer, surfactant, iron control, inhibitor, & biocide) to "break down" formation. Displaced with 38.6 bbl 3% KCl water.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>74</u>	Max pressure during treatment (psi): <u>1832</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.74</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.75</u>
Total acid used in treatment (bbl): <u>36</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>74</u>
Fresh water used in treatment (bbl): <u>38</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>
Reason why green completion not utilized: <u>PIPELINE</u>	

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>04/07/2014</u>	Hours: <u>10</u>	Bbl oil: <u>1</u>	Mcf Gas: _____	Bbl H2O: <u>102</u>
Calculated 24 hour rate:	Bbl oil: <u>2</u>	Mcf Gas: _____	Bbl H2O: <u>232</u>	GOR: <u>0</u>
Test Method: <u>Swab</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>0</u>	Choke Size: _____	
Gas Disposition: <u>VENTED</u>	Gas Type: <u>DRY</u>	Btu Gas: _____	API Gravity Oil: <u>36</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	

Reason for Non-Production: High water cut--too little oil or gas to be economical.

Date formation Abandoned: 04/04/2014 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6420 ** Sacks cement on top: 2 ** 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: Kimberly Rodell
Title: Permit Agent Date: _____ Email: krodell@hotmail.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400665470	WELLBORE DIAGRAM
400665473	WIRELINE JOB SUMMARY
400665475	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)