

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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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: 10414 4. Contact Name: Bryan Bugg
 2. Name of Operator: CASCADE PETROLEUM LLC Phone: (303) 407-6500
 3. Address: 1331 17TH STREET #400 Fax: (303) 407-6501
 City: DENVER State: CO Zip: 80202 Email: bbugg@cascadepetroleum.com

5. API Number 05-073-06603-00 6. County: LINCOLN
 7. Well Name: GAEDE Well Number: A9S-55W-05-43
 8. Location: QtrQtr: SWSE Section: 5 Township: 9S Range: 55W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: CHEROKEE Status: PRODUCING Treatment Type: _____

Treatment Date: 07/14/2014 End Date: 07/14/2014 Date of First Production this formation: 07/14/2014

Perforations Top: 7767 Bottom: 7777 No. Holes: 40 Hole size: 0.42

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

Treat with 24 Bbls 15% HCl, displace with 46 Bbls 2% KCL.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 70 Max pressure during treatment (psi): 500
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.40
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.55
 Total acid used in treatment (bbl): 24 Number of staged intervals: 0
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 70
 Fresh water used in treatment (bbl): 46 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/15/2014 Hours: 11 Bbl oil: 161 Mcf Gas: 97 Bbl H2O: 10
 Calculated 24 hour rate: Bbl oil: 351 Mcf Gas: 211 Bbl H2O: 22 GOR: 600
 Test Method: Swab Casing PSI: 0 Tubing PSI: 0 Choke Size: _____
 Gas Disposition: VENTED Gas Type: WET Btu Gas: 1450 API Gravity Oil: 35
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 7738 Tbg setting date: 09/11/2014 Packer Depth: 7738

Reason for Non-Production: _____

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:

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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: Bryan Bugg
Title: Engineer Date: _____ Email: bbugg@cascadepetroleum.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400693760	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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