

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, reoperation 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: 10467
2. Name of Operator: TABULA RASA ENERGY LLC
3. Address: 12012 WICKCHESTER LANE #660
City: HOUSTON State: TX Zip: 77079
4. Contact Name: Bob Sutherland
Phone: (281) 668-8478
Fax:
Email: bobs@tr-energy.net

5. API Number 05-055-06312-00
6. County: HUERFANO
7. Well Name: Caddell
Well Number: 2
8. Location: QtrQtr: NESE Section: 4 Township: 29S Range: 69W Meridian: 6
9. Field Name: OAKDALE Field Code: 60610

Completed Interval

FORMATION: ENTRADA Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 01/17/2014 End Date: 01/17/2014 Date of First Production this formation: 04/04/2014

Perforations Top: 5706 Bottom: 5772 No. Holes: 248 Hole size: 38/100

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

3000 Gallons of 15% HCL acid plus 300 bio balls.

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): 123 Max pressure during treatment (psi): 100

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): 71 Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 74

Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL

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: 04/05/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 2526 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2526 Bbl H2O: 0 GOR:

Test Method: Flowing Casing PSI: Tubing PSI: 276 Choke Size: 64/64

Gas Disposition: SOLD Gas Type: CO2 Btu Gas: 66 API Gravity Oil: 0

Tubing Size: 3 + 1/2 Tubing Setting Depth: 5664 Tbg setting date: 01/17/2014 Packer Depth: 5664

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:

Please include Kimberly J. Rodell in all e-mail correspondence for this Completed Interval Report. Thank you.

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: 9/24/2014 Email: krodell@upstreampm.com  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2519344	WIRELINE JOB SUMMARY
400694454	COMPLETED INTERVAL REPORT
400694475	WELLBORE DIAGRAM
400698613	FORM 5A SUBMITTED

Total Attach: 4 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Agency	Requested operator to review total amount of acid used and compare what is in the comment box on HCL amount. Is there a discrepancy? Operator revised treatment fields. 10/1/2014	9/26/2014 11:26:28 AM
Agency	Requested wireline ticket for perforations. Received 9/30/2014.	9/26/2014 11:25:57 AM

Total: 2 comment(s)