

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:

400694454

Date Received:

09/24/2014

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: 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 ☒ 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

Att Doc Num

Name

2519344	WIRELINE JOB SUMMARY
400694454	COMPLETED INTERVAL REPORT
400694475	WELLBORE DIAGRAM
400698613	FORM 5A SUBMITTED

Total Attach: 4 Files

General Comments

User Group

Comment

Comment Date

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)