

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, 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: 6975
2. Name of Operator: BEARTOOTH OIL & GAS COMPANY
3. Address: P O BOX 398
City: FRUITA State: CO Zip: 81521-
4. Contact Name: KEN CURREY
Phone: (970) 858-4158
Fax: (970) 858-4158
Email: ken@beartoothoil.com

5. API Number 05-081-07186-00
6. County: MOFFAT
7. Well Name: FROSTY ACRES
Well Number: 1
8. Location: QtrQtr: NWNW Section: 24 Township: 8N Range: 90W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: LEWIS Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 07/20/2005
Perforations Top: 2380 Bottom: 2396 No. Holes: 4 Hole size: 3/8

Provide a brief summary of the formation treatment:

Open Hole: [ ]

THIS WELL WAS DRILLED IN 2005, THE WELL WAS FRACED IN 2006. IN 2009 THE WELL WAS PERFERED AT 2228' AND SQUEEZED TO REDUCE THE VOLUME OF PRODUCED WATER. THE PERFS AT 2380-84' ARE OPEN TO PRODUCTION. THE TUBING IS LANDED AT 2377'.

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

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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: 2 + 3/8 Tubing Setting Depth: 2377 Tbg setting date: 07/11/2013 Packer Depth:

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:

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

Signed: \_\_\_\_\_ Print Name: KEN CURREY

Title: VP FIELD OPERATIONS Date: 8/27/2013 Email ken@beartoothoil.com

### Attachment Check List

**Att Doc Num**      **Name**

1535091	FORM 5A SUBMITTED
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Total Attach: 1 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

Permit	Passes Permitting: Operator is shutting in well. Requested report of squeeze at 2228'.	10/15/2014 9:43:26 AM
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Total: 1 comment(s)