

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400676113

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: 10350 4. Contact Name: Glenda Betz
 2. Name of Operator: RANCHERS EXPLORATION PARTNERS LLC Phone: (970) 5879136
 3. Address: 9 NORTH PARRISH AVE Fax: (970) 5879137
 City: JOHNSTOWN State: CO Zip: 80534 Email: glenda@ranchers.co

5. API Number 05-069-06454-00 6. County: LARIMER
 7. Well Name: River West Well Number: 2
 8. Location: QtrQtr: NWNW Section: 24 Township: 6N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/12/2014 End Date: 04/12/2014 Date of First Production this formation: 05/24/2014

Perforations Top: 7132 Bottom: 7144 No. Holes: 24 Hole size: 2

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

Slickwater fracture to be put on Frac Focus

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4590 Max pressure during treatment (psi): 4661

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.70

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 4590

Fresh water used in treatment (bbl): 4590 Disposition method for flowback: _____

Total proppant used (lbs): 154 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/30/2014 Hours: 24 Bbl oil: 21 Mcf Gas: 13 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 9 Bbl H2O: 2 GOR: _____

Test Method: Meter Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: VENTED Gas Type: WET Btu Gas: 15 API Gravity Oil: 42

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: Glenda Betz
Title: Administration Date: _____ Email: glenda@ranchers.co
:

Attachment Check List

Att Doc Num **Name**

--	--

Total Attach: 0 Files

General Comments

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

--	--	--

Total: 0 comment(s)