

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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2090923
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06/05/2014

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: 81295 4. Contact Name: DENNIS CORKRAN
 2. Name of Operator: RED WILLOW PRODUCTION COMPANY Phone: (970) 563-5163
 3. Address: P O BOX 369 Fax: (970) 563-5161
 City: IGNACIO State: CO Zip: 81137 Email: asimons@rwpc.us

5. API Number 05-007-06290-01 6. County: ARCHULETA
 7. Well Name: NORTH CARRACAS 32-4 Well Number: 15D-1
 8. Location: QtrQtr: NENE Section: 21 Township: 32N Range: 4W Meridian: N
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/08/2011
Perforations Top: 4177 Bottom: 7442 No. Holes: 25320 Hole size: 50/100

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

21 GALS DOUBLE INHIBITED 15% NEFE HCL ACID W/2 GALS SURFACTANT

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 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): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 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: 04/08/2011 Hours: 2 Bbl oil: 0 Mcf Gas: 500 Bbl H2O: 50
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 205 Bbl H2O: 278 GOR: _____
 Test Method: PRODUCTION TEST Casing PSI: 980 Tubing PSI: 875 Choke Size: _____
 Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 970 API Gravity Oil: 0
 Tubing Size: 2 + 24/64 Tubing Setting Depth: 4011 Tbg setting date: 04/05/2011 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:

Cleanup form 5A

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

Signed: _____ Print Name: DENNIS CORKRAN

Title: DRILLING PROD. MNGR Date: 4/18/2011 Email asimons@rwpc.us
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2090922	WELLBORE DIAGRAM
2090923	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	This form 5A should be for the (01) sidetrack. Missing zone interval.	12/4/2014 2:39:03 PM

Total: 1 comment(s)