

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:

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Date Received:

12/09/2014

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: 16520
2. Name of Operator: CHEMCO INC
3. Address: 558 CASTLE PINES PKWY UTB4#402
City: CASTLE ROCK State: CO Zip: 80104
4. Contact Name: Graydon Neher
Phone: (303) 771-7777
Fax: (303) 773-9021
Email: gh.neher@chemco-og.com

5. API Number 05-061-06889-00
6. County: KIOWA
7. Well Name: DONOHOE
Well Number: 4A-2
8. Location: QtrQtr: SENW Section: 2 Township: 19S Range: 45W Meridian: 6
9. Field Name: CAVALRY Field Code: 10340

Completed Interval

FORMATION: KEYES Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 02/13/2014 End Date: 02/13/2014 Date of First Production this formation: 03/04/2014
Perforations Top: 4676 Bottom: 4764 No. Holes: 109 Hole size: 0.44

Provide a brief summary of the formation treatment:

Open Hole: ☐

Acidized with 1000 Gallons 15% HCL.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 24

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): 24

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: 03/04/2014 Hours: 24 Bbl oil: 5 Mcf Gas: Bbl H2O: 52
Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 0 Bbl H2O: 52 GOR: 0
Test Method: Pump Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 38
Tubing Size: 2 + 7/8 Tubing Setting Depth: 4785 Tbg setting date: 02/13/2014 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:

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

Signed: _____ Print Name: Graydon Neher

Title: President Date: 12/9/2014 Email gh.neher@chemco-og.com
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Attachment Check List

Att Doc Num **Name**

400748916	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

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Total: 0 comment(s)