

FORM
5ARev
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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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: 10414 4. Contact Name: Bryan Bugg
 2. Name of Operator: CASCADE PETROLEUM LLC Phone: (303) 407-6500
 3. Address: 1331 17TH STREET #400 Fax: (303) 407-6501
 City: DENVER State: CO Zip: 80202 Email: bbugg@cascadepetroleum.com

5. API Number 05-073-06665-00 6. County: LINCOLN
 7. Well Name: GAEDE Well Number: 9S-55W-8-16
 8. Location: QtrQtr: NWNE Section: 8 Township: 9S Range: 55W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: CHEROKEE Status: PRODUCING Treatment Type: ACID JOB
 Treatment Date: 11/20/2014 End Date: 11/20/2014 Date of First Production this formation: 11/21/2014
 Perforations Top: 7639 Bottom: 7679 No. Holes: 160 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐52 Bbls 15% HCL, flush with 44 Bbls 2% KCLThis formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 96Max pressure during treatment (psi): 1000Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.55Total acid used in treatment (bbl): 52Number of staged intervals: 0Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 96Fresh water used in treatment (bbl): 0Disposition method for flowback: DISPOSALTotal proppant used (lbs): 0Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/21/2015 Hours: 7 Bbl oil: 81 Mcf Gas: 0 Bbl H2O: 65
 Calculated 24 hour rate: Bbl oil: 278 Mcf Gas: 0 Bbl H2O: 223 GOR: 0
 Test Method: Swab Casing PSI: 0 Tubing PSI: 0 Choke Size: 0
 Gas Disposition: VENTED Gas Type: WET Btu Gas: 1450 API Gravity Oil: 35
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 7560 Tbg setting date: 11/19/2014 Packer Depth: 7560

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: Bryan Bugg

Title: Engineer Date: _____ Email: bbugg@cascadepetroleum.com
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Attachment Check List

Att Doc Num Name

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Total Attach: 0 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)