

State of Colorado  
Oil and Gas Conservation Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109

For COGCC Use Only

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 page for each formation. Attach as many pages as required to fully describe the work. List in order of completion. The completion date for a formation is the Treatment End Date. Reported quantities shall be the total amounts used and recovered as of the submittal date of this form.

OGCC Operator Number: 10361 Operator Contact  
 Name of Operator: Prairie Resources LLC Name: Roy Dyer  
 Address: 25975 Hwy 14 Phone: 970-454-3784  
 City: Ault State: CO Zip: 80610 FAX: 970-454-3783  
 email: dyerequipment@aol.com

API Number: 05-123-32935 Sidetrack: 00 County: Weld  
 Well Name: Dyer Well Number: 15-8  
 Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE Sec 8, T7N-R64W, 6th PM  
 Field Code: 90750 Field Name: Wattenberg

Complete the Attachment Checklist

OP OGCC

Wellbore Diagram	
Net Pressure Chart	
Wireline Summary	
Cement Summary	

Formation: Niobrara

Status: Producing

Date of First Production for this formation: 9/21/2013 This formation is commingled with another formation   
 Tubing Size: 2 7/8 Tubing Setting Depth: 7008 Tbg Setting Date: 9/18/13 Packer Depth: 6934

Formation Treatment

Treatment Type:

Perforations Top: 7018 Bottom: 7044 No. Holes: 101 Hole Size: .42 Open Hole:

Provide a brief summary of the formation treatment: Treatment Dates: Start: 9/9/13 End: 9/21/13

500 gals 15% HCL - 250.740# 20/40 mesh sand - 156.370 gal fluid

Please see Frac Focus Report

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): <u>1690</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>Disposal</u>
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>
Fracture stimulations must be reported on <a href="http://FracFocus.org">FracFocus.org</a>	Reason why green completion not utilized: _____

Test Information

Test Date: 10/22/13 Bbls Oil: 22 Mcf Gas: 0 Bbls Water: 3 Test Hours: 24  
 Calculated 24 Hour Rate: Bbls Oil: 22 Mcf Gas: 0 Bbls Water: 3 GOR: \_\_\_\_\_  
 Test Method: flowing Casing PSI: 540 Tubing PSI: 400 Choke Size: 18/64  
 Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

Formation Abandonment

Reason for Non-Production: \_\_\_\_\_  
 Date Formation Abandoned: \_\_\_\_\_ Squeezed: Yes  No  If yes number of sacks cement: \_\_\_\_\_  
 Bridge Plug Depth: \_\_\_\_\_ Sacks of cement on top of bridge plug: \_\_\_\_\_ **Attach wireline and cement job summary.**

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

Print Name: Roy Dyer Email: dyerequipment@aol.com  
 Signature: Roy Dyer Title: Owner Date: Jan 7, 2015