

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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2429150

Date Received:

07/02/2013

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: 200077  
2. Name of Operator: CHARLES P DUNNING LLC  
3. Address: PO BOX 1365  
City: FORT MORGAN State: CO Zip: 80701  
4. Contact Name: CHUCK DUNNING  
Phone: (303) 408-2575  
Fax:  
Email: CHUCK.DUNNING@ME.COM

5. API Number 05-001-09750-00  
6. County: ADAMS  
7. Well Name: IKEY  
Well Number: 1  
8. Location: QtrQtr: NESW Section: 33 Township: 3S Range: 58W Meridian: 6  
9. Field Name: ROMAN NOSE Field Code: 74600

Completed Interval

FORMATION: J SAND Status: WAITING ON COMPLETION Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/10/2013 End Date: 03/10/2013 Date of First Production this formation:

Perforations Top: 5626 Bottom: 5634 No. Holes: 48 Hole size: 3/8

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

FRAC 20K CRUDE & SAND 250 GAL 15% ACID.

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

Total fluid used in treatment (bbl): 476 Max pressure during treatment (psi): 2900

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 6.70

Type of gas used in treatment: Min frac gradient (psi/ft): 66.00

Total acid used in treatment (bbl): 6 Number of staged intervals: 1

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

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

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: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

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

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5640 Tbg setting date: 03/10/2013 Packer Depth:

Reason for Non-Production: TEST IN PROGRESS 04/15/2013

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: CHUCK DUNNING

Title: OWNER/OPERATOR Date: 6/25/2013 Email CHUCK.DUNNING@ME.COM  
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### Attachment Check List

Att Doc Num      Name

2429150	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)