

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 10453
2. Name of Operator: CCI PARADOX UPSTREAM LLC
3. Address: 600 17TH STREET #1900S
City: DENVER State: CO Zip: 80202
4. Contact Name: Chrissy Schaffner
Phone: (303) 728-2217
Fax:
Email: chrissy.schaffner@cci.com

5. API Number 05-113-06115-00
6. County: SAN MIGUEL
7. Well Name: ANDY'S MESA FEDERAL
Well Number: 30
8. Location: QtrQtr: SWSE Section: 20 Township: 44N Range: 16W Meridian: N
9. Field Name: ANDY'S MESA Field Code: 2500

Completed Interval

FORMATION: CUTLER Status: ABANDONED Treatment Type: WELLBORE/COMPLETION
Treatment Date: End Date: Date of First Production this formation: 12/02/2004
Perforations Top: 5276 Bottom: 6760 No. Holes: 640 Hole size: 3 + 3/8
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: [X] 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: 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: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: CIBP set at 5226' with 2 sacks of cement above top of perms.

Date formation Abandoned: 01/06/2015 Squeeze: [] Yes [X] No If yes, number of sacks cmt
** Bridge Plug Depth: 5226 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: HONAKER TRAIL Status: ABANDONED Treatment Type: WELLBORE/COMPLETION

Treatment Date: End Date: Date of First Production this formation: 12/02/2004
Perforations Top: 6890 Bottom: 7322 No. Holes: 264 Hole size: 3 + 3/8

Provide a brief summary of the formation treatment: Open Hole: []

This formation is commingled with another formation: [X] 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: 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: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: CIBP set at 5226' with 2 sacks of cement above top of Culter Formation Perfs.

Date formation Abandoned: 01/06/2015 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 5226 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:
Tubing removed from well and CIBP set at 5226' (w/ 2 sacks cement) prior to MIT conducted on 01/06/2015.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: Ashley B Noonan
Title: Regulatory Analyst Date: 1/22/2015 Email: ashley.noonan@contractor.cci.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows include FORM 5A SUBMITTED, WELLBORE DIAGRAM, WIRELINE JOB SUMMARY.

Total Attach: 3 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date.

Total: 0 comment(s)