

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



DE	ET	OE	ES
----	----	----	----

Document Number:

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: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/10/2013 End Date: 03/10/2013 Date of First Production this formation: 06/04/2013

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): 60.60

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:

--

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
:

Attachment Check List

Att Doc Num **Name**

2429150	COMPLETED INTERVAL REPORT
400776519	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

--	--	--

Total: 0 comment(s)