

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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Document Number:

400826856

Date Received:

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: 68710
2. Name of Operator: PETERSON ENERGY OPERATING INC
3. Address: 2154 W EISENHOWER BLVD
City: LOVELAND State: CO Zip: 80537
4. Contact Name: Andy Peterson
Phone: (970) 669-7411
Fax: (970) 669-4077
Email: andy@petersonenergyoperating.com

5. API Number 05-087-08137-00
6. County: MORGAN
7. Well Name: UWHGS
Well Number: 1-17
8. Location: QtrQtr: NW Section: 17 Township: 3N Range: 55W Meridian: 6
9. Field Name: UNNAMED Field Code: 85251

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 5150 Bottom: 5300 No. Holes: 440 Hole size: 0.38

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

None

This formation is commingled with another formation: ☐ 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: 02/07/2005 Hours: 1 Bbl oil: Mcf Gas: Bbl H2O: 29

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 696 GOR: 0

Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size:

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

Tubing Size: 3 + 1/2 Tubing Setting Depth: 5032 Tbg setting date: 02/05/2005 Packer Depth:

Reason for Non-Production: Uneconomic

Date formation Abandoned: 02/09/2005 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 5100 ** 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: Andy Peterson

Title: President

Date: _____

Email andy@petersonenergyoperating.com

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Attachment Check List

Att Doc Num

Name

400827306

WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)