

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: 400840747

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: 95620 4. Contact Name: Scott Stapp
 2. Name of Operator: WESTERN OPERATING COMPANY Phone: (303) 893-2438
 3. Address: 518 17TH ST STE 200 Fax: (303) 629-5735
 City: DENVER State: CO Zip: 80202 Email: scott@westernoperating.com

5. API Number 05-075-06091-00 6. County: LOGAN
 7. Well Name: YENTER Well Number: 1-C
 8. Location: QtrQtr: L10NE Section: 4 Township: 8N Range: 54W Meridian: 6
 9. Field Name: YENTER Field Code: 98636

Completed Interval

FORMATION: J SAND Status: INJECTING Treatment Type: ACID JOB

Treatment Date: 06/11/2014 End Date: 08/15/2014 Date of First Production this formation: _____
 Perforations Top: 5272 Bottom: 5300 No. Holes: 112 Hole size: 3

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

Hole was cleaned out, acidized and put back on injection.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 54 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): 24 Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): 30 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: 2.875 Tubing Setting Depth: 5189 Tbg setting date: 08/12/2014 Packer Depth: 5196

Reason for Non-Production: _____

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: Scott Stapp

Title: Agent Date: _____ Email: scott@westernoperating.com
:

Attachment Check List

Att Doc Num **Name**

--	--

Total Attach: 0 Files

General Comments

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

--	--	--

Total: 0 comment(s)