

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

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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: Scott Stapp

Title: Agent Date: _____ Email: scott@westernoperating.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

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