

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:

400844798

Date Received:

06/02/2015

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: (281) 714-2966

Fax:

Email: chrissy.schaffner@cci.com

5. API Number 05-113-06109-00

7. Well Name: FOSSIL FEDERAL

8. Location: QtrQtr: NENW Section: 20 Township: 44N Range: 16W Meridian: N

9. Field Name: ANDY'S MESA Field Code: 2500

6. County: SAN MIGUEL

Well Number: 1-20

Completed Interval

FORMATION: CUTLER Status: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 5770 Bottom: 6978 No. Holes: 440 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

This form 5A is being submitted to correct the interval data provided by Cabot. The scout card should reflect the perforation intervals from 5,770' - 6,978'.

CIBP set at 6,930' on 10/30/2003 - TA perforations 6968' - 6978'

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: _____ 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: _____

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:

This form 5A is being submitted to correct historical data provided by Cabot. The scout card should reflect the perforation intervals from 5,770' - 6,978'.

Please see the revised wellbore diagram.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Ashley Noonan

Title: Regulatory Analyst Date: 6/2/2015 Email: ashley.noonan@contractor.cci.com

Attachment Check List

Att Doc Num	Name
400844798	FORM 5A SUBMITTED
400847767	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)