

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:

400849997

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: 5
2. Name of Operator: COLORADO OIL & GAS CONSERVATION
3. Address: 1120 LINCOLN ST SUITE 801
City: DENVER State: CO Zip: 80203
4. Contact Name: collin androus
Phone: (303) 894-2100
Fax: _____
Email: collin.androus@state.co.us

5. API Number 05-007-06271-00
6. County: ARCHULETA
7. Well Name: HWY 151 34-4-30 MW
Well Number: 1
8. Location: QtrQtr: SWNW Section: 30 Township: 34N Range: 4W Meridian: M
9. Field Name: UNKNOWN Field Code: 85250

Completed Interval

FORMATION: FRUITLAND COAL Status: SHUT IN Treatment Type: _____

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

Perforations Top: 218 Bottom: 241 No. Holes: 56 Hole size: 0.34

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

Upper transducer set at 2.3 feet below ground surface. Type and Rating is the LT 500 - 30 psia.
Lower transducer set at 250 feet below ground surface. Type and Rating is the LT 700 - 1000 psia
4 holes per foot, no info on size.

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: Monitoring Well

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: collin androus
Title: _____ Date: _____ Email: collin.androus@state.co.us
:

Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	This is an observation well. Upper transducer set at 2.3 feet below ground surface. Type and Rating is the LT 500 - 30 psia. Lower transducer set at 250 feet below ground surface. Type and Rating is the LT 700 - 1000 psia Peforation hole size was taken from completion records of other program wells.	6/11/2015 4:20:59 PM

Total: 1 comment(s)