

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

5. API Number <u>05-067-08815-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>MONITOR WELL</u>	Well Number: <u>34-9-7-1</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>7</u> Township: <u>34N</u> Range: <u>9W</u> Meridian: <u>N</u>	
9. Field Name: <u>IGNACIO BLANCO</u> Field Code: <u>38300</u>	

Completed Interval

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

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

Perforations Top: 578 Bottom: 609 No. Holes: 62 Hole size: 0.4

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

None.
Upper Transducer set at 5 feet below surface. Type and Rating- LT 500 - 30 psia
Lower Transducer set at 570 feet below surface. Type and Rating- LT 500 - 300 psia
Perforations 578 to 609, 2 holes per foot. 0.4 in

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: Observation 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:

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**

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental	Upper Transducer set at 5 feet below surface. Type and Rating- LT 500 - 30 psia Lower Transducer set at 570 feet below surface. Type and Rating- LT 500 - 300 psia Perforations 578 to 609, 2 holes per foot. 0.4 in	6/15/2015 11:22:40 AM

Total: 1 comment(s)