

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 10352
2. Name of Operator: CM PRODUCTION LLC
3. Address: 390 UNION BLVD SUITE 620
City: LAKEWOOD State: CO Zip: 80228
4. Contact Name: GEORGE ROONEY
Phone: (303) 6191908
Fax:
Email: GBROONEYIV@YAHOO.COM

5. API Number 05-057-06100-00
6. County: JACKSON
7. Well Name: SPAULDING, MARGARET
Well Number: 13
8. Location: QtrQtr: SESE Section: 28 Township: 9N Range: 81W Meridian: 6
9. Field Name: LONE PINE Field Code: 51375

Completed Interval

FORMATION: DAKOTA Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 07/17/1974
Perforations Top: 2446 Bottom: 2455 No. Holes: 10 Hole size: 1 + 11/16

Provide a brief summary of the formation treatment:

Open Hole: []

BURTON-HAWKS DID NOT INCLUDE DAKOTA PERFS (07/15/74) ON COGCC FORM 5 SUBMITTED ON 08/05/74. LAKOTA PERFS: 2506-38"KB (07/11/74) & DAKOTA PERFS 2446-55"KB (07/15/74)

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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 + 3/8 Tubing Setting Depth: 2552 Tbg setting date: 08/19/2013 Packer Depth:

Reason for Non-Production: WAITING ON UIC PERMIT APPROVAL

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: GEORGE ROONEY

Title: COSULTING PERTOLEUM Date: 11/9/2013 Email GBROONEYIV@YAHOO.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2431415	WELLBORE DIAGRAM
2431416	FORM 5A SUBMITTED
2431417	WELLBORE DIAGRAM
2431418	OTHER

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	This form serves to report additional perforated interval in Dakota (Lakota was originally reported interval, per doc: (266221) however it was submitted as "Dakota-Lakota." Corrected formation to simply reflect "Dakota" perf interval. Corrected bottom depth and # holes to reflect only Dakota perfs.	7/17/2015 8:15:22 AM

Total: 1 comment(s)