

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:

400884334

Date Received:

08/13/2015

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: 10460  
2. Name of Operator: HIGH PLAINS ENERGY LLC  
3. Address: 4545 S MONACO STREET #116  
City: DENVER State: CO Zip: 80237  
4. Contact Name: Randy Wheat  
Phone: (720) 480-7776  
Fax: (720) 920-9087  
Email: randy@highplainsenergyllc.com

5. API Number 05-121-11019-00  
6. County: WASHINGTON  
7. Well Name: State Hone  
Well Number: 16-1  
8. Location: QtrQtr: SWNW Section: 16 Township: 2S Range: 55W Meridian: 6  
9. Field Name: HONE Field Code: 36950

Completed Interval

FORMATION: D SAND Status: TEMPORARILY ABANDONED Treatment Type:

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

Perforations Top: 4954 Bottom: 4956 No. Holes: 8 Hole size: 0.58

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

Perforate 4897'-4899  
Dry  
Set Bridge Plug at 4903

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: Dry

Date formation Abandoned: 08/04/2015 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 4954 Bottom: 5032 No. Holes: 8 Hole size: 0.58  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Perforate 5030'-5032'  
Swab 25 BBLS of 100% water  
Set Bridge Plug at 5020'

Perforate 5007-5009'  
Swab 230 BBLS 100% Water  
Set Bridge Plug at 4980'

Perforate 4954'-4956'  
Pump Test 99% Water  
Set Bridge Plug at 4903'

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: Formation WET

Date formation Abandoned: 03/21/2014 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: Randy Wheat  
Title: Manager Date: 8/13/2015 Email: randy@highplainsenergyllc.com  
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### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
400884334	FORM 5A SUBMITTED
400886434	COMPLETED INTERVAL REPORT
400886435	COMPLETED INTERVAL REPORT
400886436	COMPLETED INTERVAL REPORT

Total Attach: 4 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	No documents are attached to this form to document the plugs. Contacted operator. Returned to draft.	8/18/2015 4:10:11 PM
Permit	Contacted operator via phone 8/14/2015 to discuss corrections to Form 5A's submitted for this well. Returned to draft.	8/14/2015 9:32:43 AM

Total: 2 comment(s)