

FORM 5A
Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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: <u>10516</u>	4. Contact Name: <u>Michael Foster</u>
2. Name of Operator: <u>LINN OPERATING INC</u>	Phone: <u>(281) 840-4375</u>
3. Address: <u>600 TRAVIS STREET #5100</u>	Fax: <u>(832) 426-5979</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>	Email: <u>mfooster@linnenergy.com</u>

5. API Number <u>05-045-14958-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>SCHOOL HOUSE POINT</u>	Well Number: <u>OM01D A21 696</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>21</u> Township: <u>6S</u> Range: <u>96W</u> Meridian: <u>6</u>	
9. Field Name: <u>GRAND VALLEY</u> Field Code: <u>31290</u>	

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/20/2015 End Date: 04/28/2015 Date of First Production this formation: 05/04/2015

Perforations Top: 7700 Bottom: 9512 No. Holes: 220 Hole size: 01/2

Provide a brief summary of the formation treatment: Open Hole:
71.43 BBLS HCL 7.5%; 103,404 BBLS RECYCLED PRODUCED WATER; 425 BBLS SCALE CHECK PILL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>103900</u>	Max pressure during treatment (psi): <u>7750</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.40</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.44</u>
Total acid used in treatment (bbl): <u>71</u>	Number of staged intervals: <u>6</u>
Recycled water used in treatment (bbl): <u>103829</u>	Flowback volume recovered (bbl): <u>29592</u>
Fresh water used in treatment (bbl): <u>0</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>05/30/2015</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>146</u>	Bbl H2O: <u>242</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>146</u>	Bbl H2O: <u>242</u>	GOR: <u>0</u>
Test Method: <u>Producing</u>	Casing PSI: <u>1615</u>	Tubing PSI: <u>840</u>	Choke Size: <u>32/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1004</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>9218</u>	Tbg setting date: <u>05/29/2015</u>	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:

ALL FLOWBACK WATER ENTRIES ARE TOTAL ESTIMATES BASED ON COMMINGLE VOLUMES.

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

Signed: _____ Print Name: Michael Foster

Title: Reg. Comp. Specialist II Date: _____ Email: mfoster@gmail.com
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Attachment Check List

Att Doc Num **Name**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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

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