

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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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: 24320
2. Name of Operator: DIAMOND OPERATING, INC.
3. Address: 6666 GUNPARK DR STE #200
City: BOULDER State: CO Zip: 80301
4. Contact Name: Dave Peterson
Phone: (303) 494-4420
Fax: (303) 494-3931
Email: davep@flatironenergy.com

5. API Number 05-075-08156-00
6. County: LOGAN
7. Well Name: UPRR - WORK
Well Number: 1
8. Location: QtrQtr: SWSW Section: 23 Township: 12N Range: 53W Meridian: 6
9. Field Name: POW WOW Field Code: 70000

Completed Interval

FORMATION: J-2 SAND Status: COMMINGLED Treatment Type: ACID JOB
Treatment Date: 05/12/1976 End Date: 05/15/1976 Date of First Production this formation: 05/17/1976
Perforations Top: 5320 Bottom: 5322 No. Holes: 10 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

Well originally produced from the J-1 sand. The original completion date was August 8, 1969. The J-2 sand was perforated by the previous operator in May 1976 and production from the two zones was commingled

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: 05/19/1976 Hours: 24 Bbl oil: 20 Mcf Gas: 1 Bbl H2O: 3
Calculated 24 hour rate: Bbl oil: 24 Mcf Gas: 1 Bbl H2O: 3 GOR: 800
Test Method: Pump test Casing PSI: 0 Tubing PSI: 25 Choke Size: _____
Gas Disposition: VENTED Gas Type: WET Btu Gas: 1000 API Gravity Oil: 38
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5250 Tbg setting date: 05/17/1976 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:

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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: Dave Peterson

Title: President

Date: _____

Email davep@flatironenergy.com

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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

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Total: 0 comment(s)