

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 400889818  Date Received:				
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>10312</u> 2. Name of Operator: <u>PROSPECT ENERGY LLC</u> 3. Address: <u>500 DALLAS STREET SUITE 1800</u> City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>	4. Contact Name: <u>Ame McKenney</u> Phone: <u>(970) 203-4713</u> Fax: _____ Email: <u>amckenney@progressivepcs.net</u>
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5. API Number <u>05-069-06313-00</u> 7. Well Name: <u>MSSU</u> 8. Location: QtrQtr: <u>NWSW</u> Section: <u>19</u> Township: <u>8N</u> 9. Field Name: <u>FORT COLLINS</u> Field Code: <u>25100</u>	6. County: <u>LARIMER</u> Well Number: <u>19-10</u> Range: <u>68W</u> Meridian: <u>6</u>
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**Completed Interval**

FORMATION: <u>MUDDY J</u>	Status: <u>TEMPORARILY ABANDONED</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: _____
Perforations Top: <u>4872</u>	Bottom: <u>4933</u>	No. Holes: <u>62</u> Hole size: _____
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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: <input type="checkbox"/>	
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: Well is being retained for future use as injector in waterflood project. CIBP set at 4775' with 2 sacks cement on top.

Date formation Abandoned: 10/18/2010 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 4775    \*\* Sacks cement on top: 2    \*\* Wireline and Cement Job Summary must be attached.

Comment:

A Form 5A was never submitted by the previous owner when this well was temporarily abandoned in 10/2010. A sundry to continue TA status was approved on 8/6/13 and a MIT was performed. This Form 5A is being submitted to ensure the COGCC has the most updated information regarding this well and that statuses match the Form 7. Please feel free to contact us with any questions.

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

Signed: \_\_\_\_\_ Print Name: Ame McKenney

Title: Regulatory Analyst Date: \_\_\_\_\_ Email amckenney@progressivepcs.net  
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### Attachment Check List

**Att Doc Num**      **Name**

400890173	WIRELINE JOB SUMMARY
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Total Attach: 1 Files

### General Comments

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

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Total: 0 comment(s)