

FORM
5ARev
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:

400895753

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: 18160 4. Contact Name: Michael Hanson
 2. Name of Operator: COLEMAN OIL & GAS INC Phone: (505) 327-0356
 3. Address: PO BOX 3337 Fax: (505) 327-9425
 City: FARMINGTON State: NM Zip: 87499 Email: mhanson@cog-fmn.com

5. API Number 05-067-09916-00 6. County: LA PLATA
 7. Well Name: La Plata 34-7 Well Number: 33 #1
 8. Location: QtrQtr: SESE Section: 33 Township: 34N Range: 7W Meridian: M
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 06/22/2015 End Date: 07/02/2015 Date of First Production this formation: 07/02/2015
 Perforations Top: 2986 Bottom: 3105 No. Holes: 180 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

See the attached treatment reports for both stages. Well was shut in following fracture treatment waiting on pipeline and flowback crew. Rigged up flowback crew and flowed well to flare stack to clean up. Went to sales per gas analysis per gas purchaser.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 3929Max pressure during treatment (psi): 2924Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.76

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 1.07Total acid used in treatment (bbl): 43Number of staged intervals: 2Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 2226Fresh water used in treatment (bbl): 3886Disposition method for flowback: DISPOSALTotal proppant used (lbs): 244627Rule 805 green completion techniques were utilized: ☒Reason why green completion not utilized: PIPELINEFracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/08/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 447 Bbl H2O: 127
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 447 Bbl H2O: 127 GOR: 0
 Test Method: Flowing Casing PSI: 450 Tubing PSI: 280 Choke Size: 22/64
 Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 978 API Gravity Oil: 0
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 3044 Tbg setting date: 06/27/2015 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:

Plan to produce pilot hole three to six months, evaluate economics prior to rigging up rotary tools to drill laterals. Commingle production from laterals and pilot hole.

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

Signed: _____ Print Name: Michael Hanson

Title: Operations Engineer Date: _____ Email : mhanson@cog-fmn.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400895793	WIRELINE JOB SUMMARY
400895826	OPERATIONS SUMMARY
400895827	OPERATIONS SUMMARY
400895935	WIRELINE JOB SUMMARY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)