

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:

400851731

Date Received:

09/14/2015

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: 10453

2. Name of Operator: CCI PARADOX UPSTREAM LLC

3. Address: 600 17TH STREET #1900S

City: DENVER State: CO Zip: 80202

4. Contact Name: Chrissy Schaffner

Phone: (281) 714-2966

Fax:

Email: chrissy.schaffner@cci.com

5. API Number 05-113-06098-00

7. Well Name: ANDY'S MESA FEDERAL

8. Location: QtrQtr: SESE Section: 28 Township: 44N Range: 16W Meridian: N

9. Field Name: ANDY'S MESA Field Code: 2500

6. County: SAN MIGUEL

Well Number: 26

Completed Interval

FORMATION: CUTLER		Status: ABANDONED WELLBORE/COMPLETION		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 5630	Bottom: 7134	No. Holes: 524	Hole size: _____	

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

05/21/2015: CIBP set @ 5565' with two sacks of cement abandoning the Cutler perforations.  
 09/14/2002: CIBP set @ 6990' temporarily abandoning perforations 7012' - 7134'.  
 A previous operator added the following perforations in 2003:  
 07/27/2003: Cutler perforations added 6332'-6340', 6350'-6380', 6407'-6415' (3-3/8", 4 spf, 90 deg phasing, 22.7 grm, 184 holes)  
 07/29/2003: Cutler perforations added 5630'-5638' (3-3/8", 4 spf, 90 deg phasing, 22.7 grm, 32 holes)

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: <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: On 05/21/2015 a CIBP set @ 5565' with 2 sxs of cmt.

Date formation Abandoned: 05/21/2015 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 5565      \*\* Sacks cement on top: 2      \*\* Wireline and Cement Job Summary must be attached.

FORMATION: HONAKER TRAIL		Status: ABANDONED WELLBORE/COMPLETION		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 7445	Bottom: 7686	No. Holes: 120	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
A CIBP set @ 7430' with 2 sxs cement.					
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: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
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: _____		A CIBP set at 7430'.			
Date formation Abandoned: 09/13/2002	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
** Bridge Plug Depth: 7430	** Sacks cement on top: 2	** Wireline and Cement Job Summary must be attached.			

FORMATION: ISMAY Status: ABANDONED WELLBORE/COMPLETION Treatment Type: \_\_\_\_\_

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

Perforations Top: 8038 Bottom: 8400 No. Holes: 136 Hole size: \_\_\_\_\_

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

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: A CIBP set at 7930'.

Date formation Abandoned: 09/12/2002 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 7930 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

**Comment:**

CCI Paradox Upstream LLC has identified that a previous operator added additional perforations in the Cutler formation in 2003. The Culter formations interval is 5630'-7134', please see the updated well bore diagram.

In addition to these additional perforations, a CIBP was set at 5565' in 05/21/2015 with 2 sacks of cement prior to conducting an MIT on this well. This well is now considered Temporarily Abandoned.

Please see the updated wellbore diagram and wireline ticket for the CIBP set at 5565'.

Contact Ashley Noonan (720) 319-6830 with any questions or concerns.

Thank you,

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

Signed: \_\_\_\_\_ Print Name: Ashley Noonan

Title: Regulatory Analyst Date: 9/14/2015 Email: ashley.noonan@contractor.cci.com

**Attachment Check List**

Att Doc Num	Name
901311	WIRELINE JOB SUMMARY
400899534	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Wireline job summary is corrupted. Contacted operator.	9/17/2015 3:52:48 PM

Total: 1 comment(s)