

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



Table with columns DE, ET, OE, ES

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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: 10330 2. Name of Operator: INVESTMENT EQUIPMENT LLC 3. Address: 17509 COUNTY ROAD 14 City: FT MORGAN State: CO Zip: 80701 4. Contact Name: David Rebol Phone: (970) 867-9007 Fax: (970) 867-8374 Email: daverebol@hotmail.com

5. API Number 05-009-06441-00 6. County: BACA 7. Well Name: TSRU Well Number: 1001W 8. Location: QtrQtr: NWSW Section: 12 Township: 35S Range: 46W Meridian: 6 9. Field Name: CAMPO Field Code: 9850

Completed Interval

FORMATION: LANSING Status: INJECTING Treatment Type: Treatment Date: End Date: Date of First Production this formation: 08/30/1985 Perforations Top: 3948 Bottom: 3956 No. Holes: 32 Hole size: 0.38 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: 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: David Rebol

Title: Member Date: 11/12/2015 Email: daverebol@hotmail.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400936125	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	This Form 5A submitted in response to a warning letter issued for excessive inactive wells.	11/17/2015 8:25:00 AM

Total: 1 comment(s)