

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:

400971239

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: 7800
2. Name of Operator: BEREN CORPORATION
3. Address: 2020 N BRAMBLEWOOD STREET
City: WICHITA State: KS Zip: 67206
4. Contact Name: RODNEY REYNOLDS
Phone: (316) 265-3511
Fax:
Email: REYNOLDSR@BEREXCO.COM

5. API Number 05-075-05797-00
6. County: LOGAN
7. Well Name: BREWER 'A'
Well Number: 2
8. Location: QtrQtr: NESE Section: 15 Township: 8N Range: 53W Meridian: 6
9. Field Name: DALE Field Code: 14550

Completed Interval

FORMATION: DAKOTA-JSND Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 11/17/1953
Perforations Top: 4791 Bottom: 4800 No. Holes: 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:
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:

The Brewer A 2 well, as per this form, is being converted to a Disposal Well. It is a producing oil and gas well which will not be drilled, re-completed, re-entered, or deepened for this conversion. It will dispose produced water from the Brewer A 3 well located on the same lease. Forms 31 and 33 with their adequate attachments have already been filed with the COGCC.

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

Signed: _____

Print Name: Rodney Reynolds _____

Title: Division Engineer _____

Date: _____

Email ReynoldsR@berexco.com _____

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Attachment Check List

Att Doc Num **Name**

400971507	WELLBORE DIAGRAM
400971508	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

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Total: 0 comment(s)