

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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: 68710 2. Name of Operator: PETERSON ENERGY OPERATING INC 3. Address: 2154 W EISENHOWER BLVD City: LOVELAND State: CO Zip: 80537 4. Contact Name: Andy Peterson Phone: (970) 669-7411 Fax: (970) 669-4077 Email: andy@petersonenergyoperating.com

5. API Number 05-087-08137-00 6. County: MORGAN 7. Well Name: UWHGS Well Number: 1-17 8. Location: QtrQtr: NW Section: 17 Township: 3N Range: 55W Meridian: 6 9. Field Name: UNNAMED Field Code: 85251

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type:

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

Perforations Top: 5150 Bottom: 5300 No. Holes: 440 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

None

This formation is commingled with another formation: [] Yes [X] 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: 02/07/2005 Hours: 1 Bbl oil: Mcf Gas: Bbl H2O: 29 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 696 GOR: 0 Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: 3 + 1/2 Tubing Setting Depth: 5032 Tbg setting date: 02/05/2005 Packer Depth:

Reason for Non-Production: Uneconomic

Date formation Abandoned: 02/09/2005 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 5100 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: _____ Print Name: Andy Peterson
Title: President Date: 4/17/2015 Email: andy@petersonenergyoperating.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400826856	FORM 5A SUBMITTED
400827306	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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