

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



DE	ET	OE	ES
----	----	----	----

Document Number:

401004870

Date Received:

03/16/2016

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: 10608  
2. Name of Operator: BNN WESTERN LLC  
3. Address: 370 VAN GORDON STREET  
City: LAKEWOOD State: CO Zip: 80228  
4. Contact Name: Eric Gopsill  
Phone: (303) 7633523  
Fax:  
Email: eric.gopsill@bnn-energy.com

5. API Number 05-123-40630-00  
6. County: WELD  
7. Well Name: Horsetail  
Well Number: 19N-1924M-R  
8. Location: QtrQtr: SWSE Section: 19 Township: 10N Range: 57W Meridian: 6  
9. Field Name: DJ BASIN INJECTION Field Code: 16960

Completed Interval

FORMATION: DENVER BASIN COMBINED DISPOSAL ZONE Status: INJECTING Treatment Type:  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: 7060 Bottom: 7915 No. Holes: 1230 Hole size: 0.375  
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:

--

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

Signed: \_\_\_\_\_ Print Name: Eric Gopsill

Title: Director Date: 3/16/2016 Email: eric.gopsill@bnn-energy.com  
:

### Attachment Check List

**Att Doc Num**      **Name**

401004870	FORM 5A SUBMITTED
-----------	-------------------

Total Attach: 1 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

Agency	Waiting on GIS creation of DJ Basin UIC for field name.	4/4/2016 10:39:00 AM
--------	---	-------------------------

Total: 1 comment(s)