

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

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

<u>Att Doc Num</u>	<u>Name</u>
401004870	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Agency	Waiting on GIS creation of DJ Basin UIC for field name.	4/4/2016 10:39:00 AM

Total: 1 comment(s)