

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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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: 17320 4. Contact Name: Julie Branting
 2. Name of Operator: CITY & COUNTY OF DENVER Phone: (303) 638-7484
 3. Address: 8500 PENA BLVD RM 9870 Fax: _____
 City: DENVER State: CO Zip: 80249 Email: petropro@comcast.net

5. API Number 05-031-06388-00 6. County: DENVER
 7. Well Name: CHAMPLIN 117 AMOCO A Well Number: 1
 8. Location: QtrQtr: SWSE Section: 7 Township: 2S Range: 65W Meridian: 6
 9. Field Name: THIRD CREEK Field Code: 81800

Completed Interval

FORMATION: J SAND Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/01/1971 End Date: 12/03/1971 Date of First Production this formation: 12/09/1971
 Perforations Top: 8290 Bottom: 8308 No. Holes: 58 Hole size: 0.38

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

Sand oil frac'd J Sand interval 8290' - 8308' w/4000# 20-40 sn, 5000# 10-20 sn and 1000# 8-12 beads in 17,000 gal

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): 5000
 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: 12/15/1971 Hours: 24 Bbl oil: 335 Mcf Gas: 1580 Bbl H2O: 6
 Calculated 24 hour rate: Bbl oil: 335 Mcf Gas: 1580 Bbl H2O: 6 GOR: 4716
 Test Method: Flowing Casing PSI: 575 Tubing PSI: 425 Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1298 API Gravity Oil: 36
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 8338 Tbg setting date: 12/02/1971 Packer Depth: _____

Reason for Non-Production: sub economic

Date formation Abandoned: 10/25/2013 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 8135 ** Sacks cement on top: 2 ** 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: Julie Branting
Title: Agent Date: _____ Email: petropro@comcast.net
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)