

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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
			Document Number: 401108954 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: <u>10330</u> 2. Name of Operator: <u>INVESTMENT EQUIPMENT LLC</u> 3. Address: <u>412 W PLATTE AVE</u> City: <u>FT MORGAN</u> State: <u>CO</u> Zip: <u>80701</u>	4. Contact Name: <u>Dave Rebol</u> Phone: <u>(970) 867-9007</u> Fax: <u>(970) 867-8374</u> Email: <u>daverebol@hotmail.com</u>
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5. API Number <u>05-009-06449-00</u> 7. Well Name: <u>TSRU</u> 8. Location: QtrQtr: <u>SENE</u> Section: <u>11</u> Township: <u>35S</u> 9. Field Name: <u>CAMPO</u> Field Code: <u>9850</u>	6. County: <u>BACA</u> Well Number: <u>801</u> Range: <u>46W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>LANSING</u>	Status: <u>PRODUCING</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: _____
Perforations Top: <u>3436</u>	Bottom: <u>3442</u>	No. Holes: <u>19</u> Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>	
Reason why green completion not utilized: _____		

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>05/13/2014</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>0</u>	GOR: _____
Test Method: <u>FLOWING</u>	Casing PSI: <u>524</u>	Tubing PSI: <u>538</u>	Choke Size: <u>5</u>	
Gas Disposition: <u>FLARED</u>	Gas Type: _____	Btu Gas: <u>748</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>3400</u>	Tbg setting date: <u>01/30/2014</u>	Packer Depth: _____	

Reason for Non-Production: LANSING D PERFS 4,005' - 4,014'

Date formation Abandoned: 01/30/2014 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 3975 ** 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: Dave Rebol

Title: Member Date: _____ Email: daverebol@hotmail.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401109562	WIRELINE JOB SUMMARY
401109564	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)