

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: 10454
2. Name of Operator: PETROSHARE CORPORATION
3. Address: 7200 S ALTON WAY #B220
City: CENTENNIAL State: CO Zip: 80112
4. Contact Name: Sami Alexander
Phone: (303) 500-1160
Fax: (303) 770-6885
Email: sami@petrosharecorp.com

5. API Number 05-081-07779-00
6. County: MOFFAT
7. Well Name: Kowach
Well Number: 3-25
8. Location: QtrQtr: Lot 11 Section: 25 Township: 6N Range: 90W Meridian: 6
9. Field Name: BUCK PEAK Field Code: 7675

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/19/2015 End Date: 08/19/2015 Date of First Production this formation: 12/12/2014

Perforations Top: 6470 Bottom: 6616 No. Holes: 42 Hole size: 0.375

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

Crude Oil Frac--690 bbls oil

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 690 Max pressure during treatment (psi): 4470

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 2.00

Type of gas used in treatment: Min frac gradient (psi/ft): 0.34

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 108

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 50289 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/18/2015 Hours: 24 Bbl oil: 8 Mcf Gas: 0 Bbl H2O: 4

Calculated 24 hour rate: Bbl oil: 8 Mcf Gas: 0 Bbl H2O: 4 GOR:

Test Method: Pumping Casing PSI: 10 Tubing PSI: 25 Choke Size:

Gas Disposition: Gas Type: Btu Gas: 1250 API Gravity Oil: 38

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6420 Tbg setting date: 09/06/2015 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:

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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: Sami Alexander

Title: Office Manager Date: 10/24/2016 Email: sami@petrosharecorp.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401136046	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Oper. corrected date of first prod.--agrees with Form 7.	11/06/2016

Total: 1 comment(s)