

FORM
5ARev
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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Document Number:

401136046

Date Received:

10/24/2016

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: 10454 4. Contact Name: Sami Alexander
 2. Name of Operator: PETROSHARE CORPORATION Phone: (303) 500-1160
 3. Address: 7200 S ALTON WAY #B220 Fax: (303) 770-6885
 City: CENTENNIAL State: CO Zip: 80112 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 ☒ NoTotal fluid used in treatment (bbl): 690Max pressure during treatment (psi): 4470Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 2.00

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.34Total acid used in treatment (bbl): 0Number of staged intervals: 1Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 108Fresh water used in treatment (bbl): 0Disposition method for flowback: RECYCLETotal proppant used (lbs): 50289Rule 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
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Attachment Check List

Att Doc Num **Name**

401136046	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

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

Permit	Oper. corrected date of first prod.--agrees with Form 7.	11/06/2016
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Total: 1 comment(s)