

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



DE	ET	OE	ES
----	----	----	----

Document Number:

401146499

Date Received:

11/09/2016

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: 94300
2. Name of Operator: WARD & SON* ALFRED
3. Address: P O BOX 737
City: OGALLALLA State: NE Zip: 69153
4. Contact Name: Randy Ward
Phone: (308) 284-8350
Fax:
Email: randy@wardoil.com

5. API Number 05-075-09361-00
6. County: LOGAN
7. Well Name: MICHAELS
Well Number: 2
8. Location: QtrQtr: SWSW Section: 14 Township: 11N Range: 53W Meridian: 6
9. Field Name: PEETZ TABLE Field Code: 38295

Completed Interval

FORMATION: D SAND Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 5259 Bottom: 5271 No. Holes: 16 Hole size: 45/100
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: 07/13/2016 Hours: 48 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 384
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 192 GOR: 0
Test Method: swabbing Casing PSI: 0 Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5217 Tbg setting date: 07/14/2016 Packer Depth:
Reason for Non-Production: Well swabbed down to seat nipple. Will shut in and swab at a later date to see if significant fluid entry for further completion BP set above lower D perms.
Date formation Abandoned: 01/13/2016 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
** Bridge Plug Depth: 5277 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 5391 Bottom: 5404 No. Holes: 52 Hole size: 42/100

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: 07/12/2016 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5370 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

Please note that logs are not KB datum. I have added 12' KB

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Randy Ward

Title: Pres Date: 11/9/2016 Email: randy@wardoil.com

Attachment Check List

Att Doc Num	Name
2157994	WELLBORE DIAGRAM-CURRENT
401146499	FORM 5A SUBMITTED
401146520	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator submitted WBD that is consistent with wireline tickets. Attached to this form and the Form 6, NOI. Corrected perforated intervals for D and J and bridge plug depths and dates. Corrected number of holes and size. D status is SI since upper perfs are still open. Form 7 reporting is now correct.	01/22/2017
Permit	Form 7 for J is correct. Need to correct Form 7 for D back to SI status. Entire formation not TA'd.	01/10/2017
Permit	perf intervals on form do not agree with WBD. BP depths do not agree w/ tickets. Req'd Form 7 reporting corrections: J--7/2016 and 8/2016--AB D-7/2016 to present--SI	11/09/2016

Total: 3 comment(s)