

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:

2610793

Date Received:

03/10/2010

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: 57667
2. Name of Operator: MINERAL RESOURCES, INC.
3. Address: PO BOX 328 ATTN: ARLO L.
City: GREELEY State: CO Zip: 80632
4. Contact Name: COLLIN RICHARDSON
Phone: (970) 352-9446
Fax: (970) 339-8321
Email: _____

5. API Number 05-123-22874-00
6. County: WELD
7. Well Name: DELTA PARK
Well Number: A2
8. Location: QtrQtr: NENE Section: 20 Township: 5N Range: 65W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 01/27/2010 End Date: _____ Date of First Production this formation: 04/15/2010
Perforations Top: 7326 Bottom: 7695 No. Holes: 408 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: 04/28/2010 Hours: 24 Bbl oil: 7 Mcf Gas: 58 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 7 Mcf Gas: 58 Bbl H2O: 0 GOR: 8286
Test Method: FLOWING Casing PSI: 900 Tubing PSI: 700 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1306 API Gravity Oil: 60
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8381 Tbg setting date: 04/19/2010 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:

--

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

Signed: Y

Print Name: ANDY PETERSON

Title: CONSULTANT

Date: 3/8/2010

Email: ANDY.PETERSON@PETERSONENERGY.CO

:

Attachment Check List

Att Doc Num Name

--	--

Total Attach: 0 Files

General Comments

User Group Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)