

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:

401256468

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: 95620
2. Name of Operator: WESTERN OPERATING COMPANY
3. Address: 518 17TH ST STE 200
City: DENVER State: CO Zip: 80202
4. Contact Name: Steven James
Phone: (303) 893-2438
Fax: (303) 629-5735
Email: steve@westernoperating.com

5. API Number 05-121-10967-00
6. County: WASHINGTON
7. Well Name: SCHMIDKE
Well Number: 15-21
8. Location: QtrQtr: SWSE Section: 21 Township: 2N Range: 52W Meridian: 6
9. Field Name: SURVEYOR CREEK Field Code: 80300

Completed Interval

FORMATION: D SAND Status: PLUGGED AND ABANDONED Treatment Type:

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

Perforations Top: 4557 Bottom: 4542 No. Holes: 32 Hole size: 0.375

Provide a brief summary of the formation treatment: Open Hole: ☐

No Treatment

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: 10/05/2011 Hours: 2 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 10

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

Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size:

Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Non-Productive

Date formation Abandoned: 10/05/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 4551 ** Sacks cement on top: 20 ** 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: Steven D. James

Title: President Date: _____ Email: steve@westernoperating.com
:

Attachment Check List

Att Doc Num **Name**

401256574	WIRELINE JOB SUMMARY
-----------	----------------------

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

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

Total: 0 comment(s)