

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 401256468 Date Received:				
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: <u>95620</u> 2. Name of Operator: <u>WESTERN OPERATING COMPANY</u> 3. Address: <u>518 17TH ST STE 200</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Steven James</u> Phone: <u>(303) 893-2438</u> Fax: <u>(303) 629-5735</u> Email: <u>steve@westernoperating.com</u>
--	--

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

Completed Interval

FORMATION: <u>D SAND</u>	Status: <u>PLUGGED AND ABANDONED</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: _____
Perforations Top: <u>4557</u>	Bottom: <u>4542</u>	No. Holes: <u>32</u> Hole size: <u>0.375</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>

No Treatment	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>
Reason why green completion not utilized: _____	

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>10/05/2011</u>	Hours: <u>2</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>10</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>0</u>	GOR: _____
Test Method: <u>swab</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>0</u>	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: <u>0</u>	API Gravity Oil: <u>0</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <u>Non-Productive</u>				
Date formation Abandoned: <u>10/05/2011</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

<u>Att Doc Num</u>	<u>Name</u>
401256574	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)