

Oil and Gas Conservation Commission

DEPARTMENT OF NATURAL RESOURCES

COMPLETED INTERVAL REPERFORATION



FOR OGCC USE ONLY

JUN 28 1999

NRD

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within thirty (30) days of work. Additional information is found under Rule 308. Complete a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

ET OE PR ES

Complete the Attachment Checklist

	Oper	OGCC
Wellbore diagram		
Site Facility Diagram		

List in order of completion.

OGCC Operator Number: <u>27250520</u>		Contact Name & Phone
Name of Operator: <u>Energy Alliance Company, Inc</u>		<u>Rick Wightman</u>
Address: <u>P.O. Box 4461</u>		No: <u>3038580144</u>
City: <u>Englewood</u>	State: <u>CO</u>	Zip: <u>80155</u>
API Number: <u>05- 0090659300</u>		Fax: <u>3038580145</u>
Well Name: <u>Creek</u>		Number: <u>1-28</u>
Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>S/2Sec 28 T34S-R41W</u>		

FORMATION:		Producing <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Commingled <input type="checkbox"/>		OGCC <u>WO</u>
Perforations Gross Interval: Top	Bottom	No. Holes:	Size:	Open Hole Completion <input type="checkbox"/>
<u>1255</u>	<u>1278</u>	<u>60</u>		

Formation Treatment Describe:

Perf. through 250 gal 10% acetic acid

Test Information	Date: <u>5/28/99</u>	Hours: <u>24</u>	Bbls Oil: <u>0</u>	MCF Gas: <u>374</u>	Bbls H2O: <u>0</u>
Production Test Method: <u>open flow</u>		Casing Pressure: <u>245</u>	Flowing Tubing Pressure: <u>110</u>	Choke Size: <u>3/8"</u>	
API Gravity Oil: <u>na</u>		BTU Gas: <u>550</u>	Gas Disposition:		

Calculated 24 Hr Rate	Bbls Oil:	MCF Gas: <u>374</u>	Bbls H2O: <u>0</u>	GOR: <u>na</u>
<u>0</u>				

Production Method: flowing

Tubing Size: <u>2-3/8</u>	Setting Depth: <u>1268</u>	Packer Depth: <u>na</u>
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Non-producing Completion Status: ☐ Abd ☒ SI Reason shut in: Waiting on pipeline

Abandonment of Zone Date: Squeezed: Sacks Cement:

Bridge Plug Depth: Sacks Cement on Top:

FORMATION:		Producing <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Commingled <input type="checkbox"/>		OGCC <u> </u>
Perforations Gross Interval: Top	Bottom	No. Holes:	Size:	Open Hole Completion <input type="checkbox"/>

Formation Treatment Describe:

Test Information	Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H2O:
Production Test Method:		Casing Pressure:	Flowing Tubing Pressure:	Choke Size:	
API Gravity Oil:		BTU Gas:	Gas Disposition:		

Calculated 24 Hr Rate	Bbls Oil:	MCF Gas:	Bbls H2O:	GOR:

Production Method:

Tubing Size:	Setting Depth:	Packer Depth:

Non-producing Completion Status: ☐ Abd ☐ SI Reason shut in:

Abandonment of Zone Date: Squeezed: Sacks Cement:

Bridge Plug Depth: Sacks Cement on Top:

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

Print Name Rick Wightman

Signed [Signature] Title: President Date: 6/23/99