

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



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Document Number:

2228629

Date Received:

01/03/2018

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: 76859
2. Name of Operator: SCHREIDER & COMPANY, INC
3. Address: 240 W JESSUP ST
City: BRIGHTON State: CO Zip: 80601
4. Contact Name: GEORGE KELLY
Phone: (888) 503-2678
Fax:
Email: schneiderco@outlook.com

5. API Number 05-001-09003-00
6. County: ADAMS
7. Well Name: HOWELL
Well Number: 1-11
8. Location: QtrQtr: SWSE Section: 11 Township: 2S Range: 62W Meridian: 6
9. Field Name: IRONDALE Field Code: 39350

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 07/19/2017 End Date: 07/19/2017 Date of First Production this formation:
Perforations Top: 6964 Bottom: 6984 No. Holes: 41 Hole size: 1/2

Provide a brief summary of the formation treatment:

Open Hole: ☐

12 bbls acidic blend, 28 bbls water

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 40

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): 12

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 28

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: 07/19/2017 Hours: 12 Bbl oil: 3 Mcf Gas: 20 Bbl H2O: 30
Calculated 24 hour rate: Bbl oil: 9 Mcf Gas: 60 Bbl H2O: 90 GOR: 6666
Test Method: pumping Casing PSI: 125 Tubing PSI: 100 Choke Size: 2 + 3/8
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1120 API Gravity Oil: 40
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6880 Tbg setting date: 07/19/2017 Packer Depth: 6880

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:

Cleaned bottom hole with fresh water, swabbed dry, spotted acid (see attached) swabbed - ran tested tubing and new down hole pump

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

Signed: _____ Print Name: GEORGE KELLY

Title: VP OPERATIONS Date: 11/10/2017 Email schneiderco@outlook.com
:

Attachment Check List

Att Doc Num **Name**

2228629	FORM 5A SUBMITTED
2228630	OTHER

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

Permit	COGCC added required information provided by operator in order to submit this form.	01/03/2018
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Total: 1 comment(s)