

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:

401559867

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: 61650
2. Name of Operator: MURFIN DRILLING COMPANY INC
3. Address: 250 N WATER ST STE 300
City: WICHITA State: KS Zip: 67202
4. Contact Name: Tom Melland
Phone: (316) 267-3241
Fax:
Email: tmelland@murfininc.com

5. API Number 05-009-06505-00
6. County: BACA
7. Well Name: COMANCHE FEDERAL C
Well Number: 4
8. Location: QtrQtr: SESE Section: 1 Township: 35S Range: 46W Meridian: 6
9. Field Name: CAMPO Field Code: 9850

Completed Interval

FORMATION: LANSING B Status: TEMPORARILY ABANDONED Treatment Type:

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

Perforations Top: 3865 Bottom: 3873 No. Holes: 44 Hole size: 0.045

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

Perf Lansing B-2 3865-73'. Flowed to tank at 750 mcf/d rate. Shut in for evaluation. Final SICP 60 psig.

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

Total fluid used in treatment (bbl): 0 Max pressure during treatment (psi): 0

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.00

Type of gas used in treatment: Min frac gradient (psi/ft): 0.00

Total acid used in treatment (bbl): 0 Number of staged intervals: 0

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 0 Disposition method for flowback:

Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/25/1992 Hours: 9 Bbl oil: 0 Mcf Gas: 281 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 750 Bbl H2O: 0 GOR:

Test Method: Flow to tank Casing PSI: 250 Tubing PSI: Choke Size:

Gas Disposition: VENTED Gas Type: DRY Btu Gas: 1000 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 3878 Tbg setting date: 06/30/1992 Packer Depth:

Reason for Non-Production: Uneconomical.

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.

FORMATION: LANSING C Status: ABANDONED Treatment Type: FRACTURE STIMULATION
WELLBORE/COMPLETION

Treatment Date: 06/04/1992 End Date: 06/04/1992 Date of First Production this formation: _____

Perforations Top: 3918 Bottom: 3929 No. Holes: 44 Hole size: 0.45

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

Break down with 2500 gals OSA and 88 ball sealers, 6 bpm @ 1481 psig. Fracture stimulate with 11,000 gals My-T-Oil and 28,000 # 16/30 sand. 17 bpm @ 1600 psig. ISIP 1091 #, 15 min 845 #

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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

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

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

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

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

Reason for Non-Production: Uneconomic. No commercial quantities of gas or oil

Date formation Abandoned: 07/01/1992 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 3915 ** Sacks cement on top: 0 ** Wireline and Cement Job Summary must be attached.

Comment:

Oxy USA Inc was the operator when all completions work was performed in 1992.

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

Signed: _____ Print Name: Tom Melland

Title: Production Engineer Date: _____ Email: tmelland@murfininc.com

Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

		Stamp Upon Approval
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Total: 0 comment(s)