

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: 401559867 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>61650</u> 2. Name of Operator: <u>MURFIN DRILLING COMPANY INC</u> 3. Address: <u>250 N WATER ST STE 300</u> City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67202</u>	4. Contact Name: <u>Tom Melland</u> Phone: <u>(316) 267-3241</u> Fax: _____ Email: <u>tmelland@murfininc.com</u>
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5. API Number <u>05-009-06505-00</u> 7. Well Name: <u>COMANCHE FEDERAL C</u> 8. Location: QtrQtr: <u>SESE</u> Section: <u>1</u> Township: <u>35S</u> 9. Field Name: <u>CAMPO</u> Field Code: <u>9850</u>	6. County: <u>BACA</u> Well Number: <u>4</u> Range: <u>46W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>LANSING B</u>	Status: <u>TEMPORARILY ABANDONED</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: _____
Perforations Top: <u>3865</u>	Bottom: <u>3873</u>	No. Holes: <u>44</u> Hole size: <u>0.045</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>

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): <u>0</u>	Max pressure during treatment (psi): <u>0</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>0.00</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.00</u>
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>0</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>0</u>
Fresh water used in treatment (bbl): <u>0</u>	Disposition method for flowback: _____
Total proppant used (lbs): <u>0</u>	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>06/25/1992</u>	Hours: <u>9</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>281</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>750</u>	Bbl H2O: <u>0</u>	GOR: _____
Test Method: <u>Flow to tank</u>	Casing PSI: <u>250</u>	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: <u>VENTED</u>	Gas Type: <u>DRY</u>	Btu Gas: <u>1000</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>3878</u>	Tbg setting date: <u>06/30/1992</u>	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

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)