

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:

401620055

Date Received:

05/10/2018

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: 51922
2. Name of Operator: LYSTER OIL COMPANY INC
3. Address: 701 COUNTY ROAD 105
City: CRAIG State: CO Zip: 81625
4. Contact Name: Joe Mazotti
Phone: (720) 226-5791
Fax:
Email: ogp-co@comcast.net

5. API Number 05-081-06837-00
6. County: MOFFAT
7. Well Name: ELK SPRINGS UNIT
Well Number: 4
8. Location: QtrQtr: NWSE Section: 30 Township: 5N Range: 98W Meridian: 6
9. Field Name: ELK SPRINGS Field Code: 19500

Completed Interval

FORMATION: ENTRADA Status: SHUT IN Treatment Type:

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

Perforations Top: 4770 Bottom: 4800 No. Holes: 120 Hole size:

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

No treatment was required

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: 2 + 3/8 Tubing Setting Depth: 4772 Tbg setting date: 05/07/2018 Packer Depth: 4767

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:

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

Signed: _____ Print Name: Joe Mazotti

Title: Agent Date: 5/10/2018 Email ogp-co@comcast.net
:

Attachment Check List

Att Doc Num **Name**

401620055	FORM 5A SUBMITTED
401636796	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

UIC	Well is set up for injection. Changed Status from Injecting to Shut In. Waiting on EPA Aquifer Exemption to approve Forms 31 (401619977) and 33 (# 401619986).	07/19/2018
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Total: 1 comment(s)