

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:

402169435

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: 52530

2. Name of Operator: MAGPIE OPERATING INC

3. Address: 2707 SOUTH COUNTY RD 11

City: LOVELAND

State: CO

Zip: 80537

4. Contact Name: Ryan Warner

Phone: (970) 669-6308

Fax:

Email: magpieoil@yahoo.com

5. API Number 05-069-06319-00

7. Well Name: BADER COLLINS

6. County: LARIMER

Well Number: 2

8. Location: QtrQtr: SWSW

Section: 31

Township: 5N

Range: 68W

Meridian: 6

9. Field Name: LOVELAND

Field Code: 52000

Completed Interval

FORMATION: NIOBRARA

Status: SHUT IN

Treatment Type:

Treatment Date:

End Date:

Date of First Production this formation:

Perforations

Top: 4562

Bottom: 4811

No. Holes: 60

Hole size:

Provide a brief summary of the formation treatment:

Open Hole: ☐

Set CIBP + 2 sx cement at 4512 for safety prep

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:

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:

Set CIBP + 2 sx cement at 4512 for safety prep

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

Signed: _____

Print Name: Sam Bradley

Title: Consultant

Date: _____

Email sb@s-companies.com

:

Attachment Check List

Att Doc Num

Name

402169436

WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)