

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) 892-2109



DE ET OE ES

Document Number: 402204768

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: 34105 2. Name of Operator: GILBERT-STEWART OPERATING LLC 3. Address: 1801 BROADWAY STE 200 City: DENVER State: CO Zip: 80202 4. Contact Name: Kent Gilbert Phone: (303) 478-8393 Fax: Email: kgoil@msn.com

5. API Number 05-017-07224-00 6. County: CHEYENNE 7. Well Name: AKERS Well Number: 2 8. Location: QtrQtr: NESE Section: 1 Township: 15S Range: 45W Meridian: 6 9. Field Name: LADDER CREEK Field Code: 47600

Completed Interval

FORMATION: SHAWNEE Status: ABANDONED WELLBORE/COMPLETION Treatment Type: ACID JOB

Treatment Date: 08/18/1992 End Date: 08/19/1992 Date of First Production this formation: 08/20/1992 Perforations Top: 4032 Bottom: 4046 No. Holes: 56 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole: 1500 Gallons of 15% MCA. See Form 4 Sundry filed 9-2-92.

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): 56 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): 36 Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): 20 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: Depleted Zone.

Date formation Abandoned: 10/09/2019 Squeeze: [] Yes [] No If yes, number of sacks cmt ** Bridge Plug Depth: 3950 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: SPERGEN Status: ABANDONED Treatment Type: WELLBORE/COMPLETION

Treatment Date: End Date: Date of First Production this formation: 09/10/1991
Perforations Top: 5244 Bottom: 5276 No. Holes: 124 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole: []

See Form 5 Filed 11-12-91

This formation is commingled with another formation: [] Yes [X] 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: Spergen Zone Depleted. Plug set in 2002 at approx 4600'. No ticket. Tagged bottom at 4540'on 10/9/19

Date formation Abandoned: 05/01/2002 Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: 4600 ** 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: Kent Gilbert
Title: Managing Partner Date: Email kgoil@msn.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 402217862, WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Stamp Upon Approval

Total: 0 comment(s)