

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



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 Treatment Type: ACID JOB
WELLBORE/COMPLETION

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: ☒ 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 WELLBORE/COMPLETION Treatment Type: _____
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 ☒ 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

Att Doc Num Name

402217862 WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group Comment

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)