

FORM  
5ARev  
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:

402429249

Date Received:

06/23/2020

## 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: Ross Warner  
 Phone: (970) 6696308  
 Fax:  
 Email: ross.magpieoil@gmail.com

5. API Number 05-069-06045-00  
 6. County: LARIMER  
 7. Well Name: BADER FARMS  
 Well Number: 1  
 8. Location: QtrQtr: NESW Section: 31 Township: 5N Range: 68W Meridian: 6  
 9. Field Name: LOVELAND Field Code: 52000

## Completed Interval

FORMATION: NIOBRARA Status: TEMPORARILY ABANDONED Treatment Type:  
 Treatment Date: End Date: Date of First Production this formation: 08/22/1982  
 Perforations Top: 4546 Bottom: 4650 No. Holes: 60 Hole size:  
 Provide a brief summary of the formation treatment: Open Hole: ☐  
 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: Temporarily abandon for horizontal mitigation.  
 Date formation Abandoned: 06/01/2018 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt  
 \*\* Bridge Plug Depth: 4520 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: \_\_\_\_\_ Print Name: Ross Warner

Title: Compliance Date: 6/23/2020 Email ross.magpieoil@gmail.com  
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### **Attachment Check List**

**Att Doc Num**      **Name**

402429249	FORM 5A SUBMITTED
402429262	WIRELINE JOB SUMMARY

Total Attach: 2 Files

### **General Comments**

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

Permit	Added date of first production.	06/29/2020
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Total: 1 comment(s)