

Document Number:
402510639

Date Received:
10/14/2020

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 4. Contact Name: Ross Warner
 2. Name of Operator: MAGPIE OPERATING INC Phone: (970) 6696308
 3. Address: 2707 SOUTH COUNTY RD 11 Fax: _____
 City: LOVELAND State: CO Zip: 80537 Email: ross.magpieoil@gmail.com

5. API Number 05-069-06135-00 6. County: LARIMER
 7. Well Name: MEHAFFEY Well Number: 1
 8. Location: QtrQtr: NWNW Section: 30 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: 10/26/1982
 Perforations Top: 4370 Bottom: 4616 No. Holes: 75 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: MIT To continue SI/TA status. Future horizontal development/mitigation.
 Date formation Abandoned: 08/31/2020 Squeeze: Yes No If yes, number of sacks cmt _____
 ** Bridge Plug Depth: 4320 ** 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: 10/14/2020 Email: ross.magpieoil@gmail.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402510639	FORM 5A SUBMITTED
402510648	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)