

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:

2592730

Date Received:

01/20/2011

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: 44390

2. Name of Operator: JAVERNICK OIL

3. Address: 3040 E MAIN

City: CANON CITY State: CO Zip: 81212

4. Contact Name: TOM MENHENNETT

Phone: (719) 275-3040

Fax: (719) 275-4590

Email: tbm3040@gmail.com

5. API Number 05-043-06170-00

7. Well Name: ROYAL GORGE

6. County: FREMONT

Well Number: 9

8. Location: QtrQtr: SWNE Section: 33 Township: 19S Range: 69W Meridian: 6

9. Field Name: FLORENCE-CANON CITY Field Code: 24600

Completed Interval

FORMATION: PIERRE

Status: PRODUCING

Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 01/14/2010

Perforations Top: 2724 Bottom: 3066 No. Holes: 1000 Hole size: 1/2

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: 01/09/2010 Hours: 24 Bbl oil: 5 Mcf Gas: 2 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 2 Bbl H2O: 0 GOR: 400

Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size:

Gas Disposition: VENTED Gas Type: DRY Btu Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2885 Tbg setting date: 01/07/2010 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:

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

Signed: _____

Print Name: SALENE A JAVERNICK

Title: OWNER

Date: 12/24/2010

Email JAVERNICK1@BRESNAN.NET

:

Attachment List

Att Doc Num

Name

2592730

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Permit	Corrected bottom prod. interval to reflect TD (as this is an open-hole completion).	03/19/2021
Permit	Corrected the following per operator email: -Perforations in uncemented 5-1/2", pre-perfed production string: Top: 2724' – 3034'; No. of holes: 1000 holes (4 spf/250'); hole size: 1/2" -Status: Producing -Swab test date: 1/09/2010 -2-3/8" tubing setting depth: 2885' -Tubing setting date: 1/07/2010	03/19/2021
Permit	Need 2 3/8" tubing setting depth and date.	03/12/2015
Permit	If zone was perfed with 250 holes and the lower perf is 2850 than there must be an uppermost perf depth.	03/12/2015

Total: 4 comment(s)