

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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: 10267 4. Contact Name: Mathew Goolsby
2. Name of Operator: VECTA OIL & GAS LTD Phone: (303) 618-7736
3. Address: 5920 CEDAR SPRINGS ROAD - STE 200 Fax: (303) 945-2869
City: DALLAS State: TX Zip: 75235

5. API Number 05-017-07691-00 6. County: CHEYENNE
7. Well Name: SHAVANO Well Number: 43-35
8. Location: QtrQtr: NESE Section: 35 Township: 13S Range: 46W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed IntervalFORMATION: OSAGE Status: ABANDONED COMPLETION

Treatment Date: 02/12/2010 Date of First Production this formation: _____
Perforations Top: 5725 Bottom: 5729 No. Holes: 16 Hole size: 0.52

Provide a brief summary of the formation treatment: Open Hole: ☐

Perfed 5725 - 5729 w/ 4 spf. Swabbed dry. Acidized w/ 500 gal 15%, 20 ball sealers, 33 bbls 2% KCl displacement. Total load 45 bbl. Broke at 2200 psi, pumped away at 3.4 bpm, saw ball action with 6 bbl acid on perfs. Swabbed back 45 bbls first afternoon w/ slight (1%) oil cut. Set CIBP 5710 w/ 2 sks. RDMO

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 02/15/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: swabbing Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5707 Tbg setting date: 02/11/2010 Packer Depth: 5683

Reason for Non-Production:

Insufficient oil cut.Date formation Abandoned: 02/15/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____Bridge Plug Depth: 5710 Sacks cement on top: 2

FORMATION: <u>SPERGEN</u>		Status: <u>ABANDONED COMPLETION</u>	
Treatment Date: <u>03/04/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>5605</u>	Bottom: <u>5617</u>	No. Holes: <u>48</u> Hole size: <u>0.52</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
perfed 5605 - 5617 w/ 4 spf. Acidize w/ 1200 gal 15% HCl sequestered + 33 bbl 2% KCl displacement, 50 ball sealers. Broke at 2200 psi, back to 1200, then gradually back to 50 psi @ 4.0 bpm. Total load to recover 63. Swabbed for 6 days, recovering 120 bbl total. Recovering water w/ show of oil. Set CIBP 5600 w/ 2 sks. PBD 5590.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>03/15/2010</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: <u>swabbing</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: _____	Tbg setting date: <u>03/15/2010</u>	Packer Depth: <u>5586</u>
Reason for Non-Production:			
Non commercial rate and cut.			
Date formation Abandoned: <u>03/21/2010</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>5600</u>		Sacks cement on top: <u>2</u>	

FORMATION: <u>ST LOUIS</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>05/28/2010</u>		Date of First Production this formation: <u>06/10/2010</u>	
Perforations	Top: <u>5536</u>	Bottom: <u>5540</u>	No. Holes: <u>16</u> Hole size: <u>0.52</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Perfed 5536 - 5540 w/ 4 spf. Pumped 400 gal 15% sequestered HCl. Displaced w/ 32 bbl 2% KCl. Slowly built to 1020, then broke back to 800 psi, then to 60 psi. Total load to recover 42 bbl. First swab run tagged 3100 and pulled 1100 w/ 50% oil cut. By 4th swab run had recovered load + 48 BO, swabbing 100% oil w/ fluid entry 3500 fph. End of day had swabbed load + 136 BO. POP.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>06/12/2010</u>	Hours: <u>24</u>	Bbls oil: <u>153</u>	Mcf Gas: _____ Bbls H2O: <u>7</u>
Calculated 24 hour rate:		Bbls oil: <u>153</u>	Mcf Gas: _____ Bbls H2O: <u>7</u> GOR: _____
Test Method: <u>Pumping</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: <u>34</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>5579</u>	Tbg setting date: <u>06/01/2010</u>	Packer Depth: _____
Reason for Non-Production:			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

Comment:

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

Signed: _____

Print Name: Mathew Goolsby

Title: VP-Operations

Date: _____

Email matgoalsby@vecta-denver.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400101116	WELLBORE DIAGRAM	05017076910000_Shavano 43-35 Well Schematic.pdf

Total Attach: 1 Files