

FORM  
5A

Rev  
02/08

State 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:

2565600

**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: 10221 4. Contact Name: KENT KEPPEL  
2. Name of Operator: RUNNING FOXES PETROLEUM INC Phone: (720) 889-0810  
3. Address: 7060 SOUTH TUCSON WAY - STE B Fax: (303) 617-7442  
City: CENTENNIAL State: CO Zip: 80112

5. API Number 05-073-06391-00 6. County: LINCOLN  
7. Well Name: CRAIG Well Number: 6-4 SWD  
8. Location: QtrQtr: SENW Section: 4 Township: 14S Range: 55W Meridian: 6  
9. Field Name: BOLERO Field Code: 7153

Completed Interval

FORMATION: <u>ARBUCKLE</u>	Status: <u>SHUT IN</u>
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: <u>7690</u> Bottom: <u>7755</u> No. Holes: <u>140</u> Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
<u>NO TREATMENT/ MIT COMPLETED AND WITNESSED BY COGCC / CRAIG QUINT ON 10-4-2014</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____	
Test Method: _____ 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: <u>7501</u> Tbg setting date: <u>10/01/2010</u> Packer Depth: <u>7501</u>	
Reason for Non-Production: _____	
<u>APPROVED INJECTION INTERVAL</u>	
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: _____	

FORMATION: SPERGEN Status: SHUT IN

Treatment Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7548 Bottom: 7552 No. Holes: 16 Hole size: 0.43

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

NONE

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls 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: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ 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: ROLANDO D. BENAVIDES

Title: PETROLEUM ENGINEER Date: 12/1/2010 Email: LANDO16@MSN.COM

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: David S. Neslin Director of COGCC Date: 12/3/2010

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)