

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:

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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: 10221 4. Contact Name: KENT KEPPEL  
2. Name of Operator: RUNNING FOXES PETROLEUM INC Phone: (720) 889-0510  
3. Address: 7060 SOUTH TUCSON WAY - STE B Fax: (303) 617-7442  
City: CENTENNIAL State: CO Zip: 80112

5. API Number 05-073-06370-00 6. County: LINCOLN  
7. Well Name: CRAIG Well Number: 4-33  
8. Location: QtrQtr: NWNW Section: 33 Township: 13S Range: 55W Meridian: 6  
9. Field Name: BOLERO Field Code: 7153

Completed Interval

FORMATION: <u>ATOKA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/18/2009</u>	Date of First Production this formation: <u>11/24/2009</u>
Perforations Top: <u>6839</u> Bottom: <u>6977</u>	No. Holes: <u>114</u> Hole size: <u>0.52</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>SPEARHEAD W/4000 GALS 15% HCL THEN FRAC W/1093 BBL X-LINK GELLED WATER &amp; 20,000# 20/40 SAND</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>11/24/2009</u> Hours: <u>24</u> Bbls oil: <u>180</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>180</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>PUMPING</u> Casing PSI: <u></u> Tubing PSI: <u></u> Choke Size: <u></u>	
Gas Disposition: <u></u> Gas Type: <u></u> BTU Gas: <u></u> API Gravity Oil: <u>39</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>7043</u> Tbg setting date: <u>11/21/2009</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

FORMATION: CHEROKEE Status: PRODUCING

Treatment Date: 04/20/2010 Date of First Production this formation: 04/29/2010

Perforations Top: 6568 Bottom: 6572 No. Holes: 12 Hole size: 0.42

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

SPEARHEAD W/1000 GALS OF HC1 THEN FRAC W/1004 BBL X-LINK LINEUR GEL 22,500# OF 20/40 SAND

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

**Test Information:**

Date: 05/19/2010 Hours: 24 Bbls oil: 22 Mcf Gas: 0 Bbls H2O: 103

Calculated 24 hour rate: Bbls oil: 22 Mcf Gas: 0 Bbls H2O: 103 GOR: 0

Test Method: PUMPING Casing PSI:          Tubing PSI:          Choke Size:         

Gas Disposition:          Gas Type:          BTU Gas:          API Gravity Oil:         

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6521 Tbg setting date: 05/18/2010 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:         

Comment:

        

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

Signed: Y Print Name: ROLANDO D. BENAVIDES

Title: PETROLEUM ENGINEER Date: 6/9/2010 Email LANDO16@MSN.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: 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**

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Total: 0 comment(s)