

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:

2071275

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: 76840 4. Contact Name: JEFF SCHNEIDER
2. Name of Operator: SCHNEIDER ENERGY SERVICES INC Phone: (970) 867-9437
3. Address: P O BOX 297 Fax: (970) 867-9137
City: FORT MORGAN State: CO Zip: 80701

5. API Number 05-121-10996-00 6. County: WASHINGTON
7. Well Name: DUNN Well Number: 10-22A
8. Location: QtrQtr: SENW Section: 10 Township: 2S Range: 50W Meridian: 6
9. Field Name: WHITE EAGLE Field Code: 92798

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 04/15/2005 Date of First Production this formation: 09/13/2010
Perforations Top: 2990 Bottom: 300 No. Holes: 84 Hole size: 3/8
Provide a brief summary of the formation treatment: Open Hole: ☐
MIXED AND PUMPED 100,000# OF 16/30 SANDW/ 60 TONS CO2, IN 635 BBLS H2O IN A GEL CARRIER.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 07/21/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 43 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 43 Bbls H2O: 0 GOR: 1
Test Method: FLOWING Casing PSI: 720 Tubing PSI: Choke Size: 8/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 980 API Gravity Oil: 0
Tubing Size: 4 + 1/2 Tubing Setting Depth: 3155 Tbg setting date: 07/21/2008 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: KIRK WILLIAMS
Title: WSS Date: 9/14/2010 Email K.WILLIAMS@SCHNEIDERENERGY.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 G. Neslin
Director of COGCC

Date: 1/27/2011

Attachment Check List

Att Doc Num	Name
2071275	FORM 5A SUBMITTED
2071276	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)