

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:

2566674

**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: 100122 4. Contact Name: NEIL ALLEN  
2. Name of Operator: GUNNISON ENERGY CORPORATION Phone: (303) 296-4222  
3. Address: 1801 BROADWAY #1200 Fax: (303) 496-4555  
City: DENVER State: CO Zip: 80202

5. API Number 05-029-06108-00 6. County: DELTA  
7. Well Name: OAK MESA UNIT HUGHES 139 Well Number: 12-22  
8. Location: QtrQtr: SENW Section: 12 Township: 13S Range: 93W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: MANCOS Status: SHUT IN  
Treatment Date: 10/04/2010 Date of First Production this formation: 10/06/2010  
Perforations Top: 4625 Bottom: 4945 No. Holes: 42 Hole size: 37/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
FRAC WELL W/20,060# 100 MESH AND 218,720# 40/70 WHITE FRAC SAND WITH TOTAL OF 16,566 BBLs FLUID.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 10/06/2010 Hours: 149 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 3664  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 590 GOR: 0  
Test Method: FLOWBACK Casing PSI: 0 Tubing PSI: 0 Choke Size:         
Gas Disposition:        Gas Type:        BTU Gas: 0 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4838 Tbg setting date: 10/07/2010 Packer Depth:         
Reason for Non-Production:  
SHUT-IN FOR EVALUATION.  
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: PATTY JOHNSON  
Title: DRILLING & OPERATIONS Date: 12/22/2010 Email PATTY.JOHNSON@OXBOW.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: 2/17/2011

**Attachment Check List**

Att Doc Num	Name
1693827	WELLBORE DIAGRAM
2566674	FORM 5A SUBMITTED

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)