

**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:

2071284

## 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 05-087-08142-00

6. County: MORGAN

7. Well Name: SMITH

Well Number: 1

8. Location: QtrQtr: NWSE Section: 5 Township: 3N Range: 59W Meridian: 6

9. Field Name: LODESTONE Field Code: 50830

### Completed Interval

FORMATION: J SAND

Status: SHUT IN

Treatment Date: 01/23/2009

Date of First Production this formation: 01/24/2009

Perforations	Top: 6154	Bottom: 6162	No. Holes: 45	Hole size: 3/8
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Provide a brief summary of the formation treatment:

Open Hole: 

PUMP 500 GAL 07% HCL ACID DISPLACED IN TO FORMATION.

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

**Test Information:**

Date:	01/24/2010	Hours:	3	Bbls oil:	0	Mcf Gas:	19	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	150	Bbls H2O:	0	GOR:
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Test Method: FLARED	Casing PSI: 0	Tubing PSI: 800	Choke Size: 14/64
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Gas Disposition:	FLARED	Gas Type:	WET	BTU Gas:	0	API Gravity Oil:	0
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Tubing Size: 2 + 3/8      Tubing Setting Depth: 6150      Tbg setting date: 01/22/2009      Packer Depth: 6150

Reason for Non-Production:

NO GAS LINE

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: NO NAME GIVEN

Title: NO TITLE GIVEN      Date: 11/16/2010      Email NO.EMAIL@GIVEN.COM

### Attachment Check List

Att Doc Num	Name
2071284	FORM 5A SUBMITTED
2071288	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	per jeff S @schneider, all gas was flared, nothing tested, no BTU gas value	3/4/2011 8:17:52 AM
Permit	req btu gas	3/2/2011 8:31:16 AM

Total: 2 comment(s)