

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:

400187560

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: 10172

4. Contact Name: Reed Haddock

2. Name of Operator: BOPCO LP

Phone: (303) 799-5080

3. Address: 9949 SOUTH OSWEGO ST #200

Fax: (303) 799-5081

City: PARKER State: CO Zip: 80134

5. API Number 05-103-11106-00

6. County: RIO BLANCO

7. Well Name: YELLOW CREEK FEDERAL

Well Number: 35-12-1

8. Location: QtrQtr: SWNW Section: 35 Township: 1N Range: 98W Meridian: 6

9. Field Name: YELLOW CREEK Field Code: 97955

Completed Interval

FORMATION: COZZETTE

Status: PRODUCING

Treatment Date: 07/01/2011

Date of First Production this formation: 07/06/2011

Perforations Top: 10601 Bottom: 10663 No. Holes: 9 Hole size: 0.36

Provide a brief summary of the formation treatment:

Open Hole: ☐

1,919.5 bbls. of slickwater (CWS 600); 12 bbls. of 7.5% HCL; 25,000 lbs. 40/70 Prime Plus RCS

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

Test Information:

Date: 07/14/2011 Hours: 1 Bbls oil: 0 Mcf Gas: 30 Bbls H2O: 4

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 730 Bbls H2O: 106 GOR: 0

Test Method: Flowing Casing PSI: 1950 Tubing PSI: Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1113 API Gravity Oil: 56

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:

Attachment Check List

Att Doc Num	Name
400187560	FORM 5A SUBMITTED
400187737	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)