

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



DE ET OE ES

Document Number:

2568872

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: 10132
2. Name of Operator: GENESIS GAS & OIL LLC
3. Address: 1701 WALNUT STREET - 4TH FL
City: KANSAS CITY State: MO Zip: 64108
4. Contact Name: DAVID JENSEN
Phone: (816) 222-7500
Fax: (816) 222-7501

5. API Number 05-103-10887-00
6. County: RIO BLANCO
7. Well Name: FLETCHER GULCH
Well Number: 4-33
8. Location: QtrQtr: LOT 14 Section: 4 Township: 1N Range: 100W Meridian: 6
9. Field Name: FLETCHER GULCH Field Code: 24062

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
Treatment Date: 07/16/2009 Date of First Production this formation: 07/17/2009
Perforations Top: 1807 Bottom: 2280 No. Holes: 228 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: ☐
90450 GALS 70Q N2 FOAM WITH 4789# 100-MESH AND 106738# 16/30 SAND PUMPED IN 3 STAGES.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 07/25/2009 Hours: 24 Bbls oil: 0 Mcf Gas: 44 Bbls H2O: 180
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 44 Bbls H2O: 180 GOR:
Test Method: PUMPING Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: VENTED Gas Type: COAL GAS BTU Gas: 921 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2310 Tbg setting date: 07/21/2009 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: DAVID JENSEN

Title: EXEC VP Date: 8/8/2011 Email: DJENSEN@GENESISGO.COM

Attachment Check List

Att Doc Num	Name
2568872	FORM 5A SUBMITTED
2568873	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)