

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:

400125400

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: 10273

4. Contact Name: CLAYTON DOKE

2. Name of Operator: HRM RESOURCES LLC

Phone: (970) 669-7411

3. Address: 555 17TH STREET #950

Fax: (970) 669-4077

City: DENVER State: CO Zip: 80202

5. API Number 05-123-27109-00

6. County: WELD

7. Well Name: STROH

Well Number: 12-22

8. Location: QtrQtr: SWNW Section: 22 Township: 4N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: COMMINGLED

Treatment Date: 11/20/2010

Date of First Production this formation:

Perforations Top: 7247 Bottom: 7257 No. Holes: 40 Hole size: 4/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd 7247'-7257' w 125,000 gal frac fluid and 250,160# 30/50 sand.

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

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:

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:

FORMATION: NIOBRARA-CODELL

Status: PRODUCING

Treatment Date: \_\_\_\_\_

Date of First Production this formation: 12/22/2010

Perforations Top: 7110 Bottom: 7257 No. Holes: 140 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_

Open Hole: ☐This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 12/29/2010 Hours: 24 Bbls oil: 84 Mcf Gas: 205 Bbls H2O: 27

Calculated 24 hour rate: Bbls oil: 84 Mcf Gas: 205 Bbls H2O: 27 GOR: 2440

Test Method: FLOWING Casing PSI: 2100 Tubing PSI: \_\_\_\_\_ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1100 API Gravity Oil: 33

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: \_\_\_\_\_

FORMATION: NIOBRARA

Status: COMMINGLED

Treatment Date: 11/20/2010

Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6952 Bottom: 7136 No. Holes: 100 Hole size: 4/100

Provide a brief summary of the formation treatment: \_\_\_\_\_

Open Hole: ☐This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

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: \_\_\_\_\_

Comment: \_\_\_\_\_

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: CLAYTON DOKE

Title: PETROLEUM ENGINEER Date: 9/29/2011 Email: cdoke@petersonenergy.com

### Attachment Check List

Att Doc Num	Name
400125400	FORM 5A SUBMITTED
400209839	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)