

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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## COMPLETED INTERVAL REPORT

Document Number:

2588683

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: 75027 4. Contact Name: STACEY OWSTON  
 2. Name of Operator: ROSEWOOD RESOURCES INC Phone: (970) 848-2228  
 3. Address: 2101 CEDAR SPRINGS RD STE 1500 Fax: (970) 848-2245  
 City: DALLAS State: TX Zip: 75201

5. API Number 05-125-11585-00 6. County: YUMA  
 7. Well Name: Conrad Well Number: 32-31  
 8. Location: QtrQtr: SWNE Section: 31 Township: 4N Range: 45W Meridian: 6  
 9. Field Name: ECKLEY Field Code: 19415

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
 Treatment Date: 08/19/2011 Date of First Production this formation: 09/07/2011  
 Perforations Top: 2504 Bottom: 2530 No. Holes: 104 Hole size: 41/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
FRAC'D W/49,007 GALS OF FRAC W/30# GEL & 70 QUALITY MAV FOAM, 100,040 16/30 TEXAS GOLD SAND, 430,000 SCF N2.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 08/20/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 329 Bbls H2O: 52  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 155 Bbls H2O: 56 GOR: \_\_\_\_\_  
 Test Method: FLOWING Casing PSI: 30 Tubing PSI: \_\_\_\_\_ Choke Size: 24/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1000 API Gravity Oil: 0  
 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: STACEY OWSTON  
 Title: ADMIN. ASST Date: 9/8/2011 Email: SOWSTON@ROSEWD.COM

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
2588683	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

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