

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:

2588683

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: 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
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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
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	155	Bbls H2O:	56	GOR:
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Test Method: FLOWING	Casing PSI: 30	Tubing PSI:	Choke Size: 24/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1000	API Gravity Oil:	0
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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

Att Doc Num	Name
2588683	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)