

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:

2588564

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: 55575 4. Contact Name: DEB POWELL
2. Name of Operator: MCELVAIN ENERGY INC Phone: (303) 893-0933
3. Address: 1050 17TH ST STE 2500 Fax: (303) 893-0914
City: DENVER State: CO Zip: 80265-

5. API Number 05-125-11435-00 6. County: YUMA
7. Well Name: Pyramid Well Number: 13-1
8. Location: QtrQtr: NE NE Section: 13 Township: 2S Range: 47W Meridian: 6
9. Field Name: MILDRED WEST Field Code: 54985

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 08/30/2011 Date of First Production this formation: 09/02/2011
Perforations Top: 2454 Bottom: 2484 No. Holes: 90 Hole size: 40/100
Provide a brief summary of the formation treatment: Open Hole: ☐
60.13 TONS OF CO2, 50,180# 16/30 SAND, 42,040# 12/20 SAND, 500 GAL 7.5% HCL, 110 GAL SCALE INHIBITER.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 09/02/2011 Hours: 10 Bbls oil: 0 Mcf Gas: 50 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 120 Bbls H2O: 0 GOR:
Test Method: FLOW BACK Casing PSI: 430 Tubing PSI: 140 Choke Size: 3/8
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 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: DEBORAH POWELL
Title: ENG TECH MANAGER Date: 9/9/2011 Email: DEBBYP@MCELVAIN.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 2588564 | FORM 5A SUBMITTED |
| 2588565 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 1 comment(s)