

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:

2286871

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: 10384

2. Name of Operator: GENESIS GAS & OIL COLORADO LLC

3. Address: 1701 WALNUT STREET - 4TH FL

City: KANSAS CITY State: MO Zip: 64108

4. Contact Name: DAVID B. JENSEN

Phone: (816) 222-7500

Fax: (816) 222-7501

5. API Number 05-103-11880-00

6. County: RIO BLANCO

7. Well Name: CALAMITY RIDGE

Well Number: 14-31

8. Location: QtrQtr: LOT 7 Section: 14 Township: 1N Range: 100W Meridian: 6

9. Field Name: FLETCHER GULCH Field Code: 24062

Completed Interval

FORMATION: ILES Status: PRODUCING

Treatment Date: 11/16/2009 Date of First Production this formation: 12/22/2011
Perforations Top: 3492 Bottom: 3594 No. Holes: 44 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

FRAC'D WITH 1000 GALS 15% HCl LEAD, 29,172 GALS 70Q N2 FOAM WITH 1529# 100-MESH AND 35,776# 16/30 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: WILLIAMS FORK Status: PRODUCING

Treatment Date: 11/17/2011 Date of First Production this formation: 12/22/2011
Perforations Top: 3082 Bottom: 3435 No. Holes: 248 Hole size: 35/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

FRAC'D WITH 2000 GALS 15% HCl LEAD, 69,143 GALS 70Q N2 FOAM WITH 3471# 100-MESH AND 110,000 16/30 SAND PUMPED IN 2 STAGES.

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

Test Information:

Date: 01/04/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 27 Bbls H2O: 271
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 27 Bbls H2O: 271 GOR: 0
Test Method: PUMPING Casing PSI: _____ Tubing PSI: _____ Choke Size: 50/100
Gas Disposition: VENTED Gas Type: COAL GAS BTU Gas: 741 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3806 Tbg setting date: 12/07/2011 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:

FORM 5 DOC#2286873

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

Signed: _____

Print Name: DAVID B. JENSEN

Title: EXEC. VICE PRESIDENT

Date: 1/30/2012

Email: DJENSEN@GENESISGO.COM

Attachment Check List

Att Doc Num	Name
2286871	FORM 5A SUBMITTED
2286872	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)