

**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:  
  
2286871

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: <u>10384</u>	4. Contact Name: <u>DAVID B. JENSEN</u>
2. Name of Operator: <u>GENESIS GAS &amp; OIL COLORADO LLC</u>	Phone: <u>(816) 222-7500</u>
3. Address: <u>1701 WALNUT STREET - 4TH FL</u>	Fax: <u>(816) 222-7501</u>
City: <u>KANSAS CITY</u> State: <u>MO</u> Zip: <u>64108</u>	

5. API Number <u>05-103-11880-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>CALAMITY RIDGE</u>	Well Number: <u>14-31</u>
8. Location: QtrQtr: <u>LOT 7</u> Section: <u>14</u> Township: <u>1N</u> Range: <u>100W</u> Meridian: <u>6</u>	
9. Field Name: <u>FLETCHER GULCH</u> Field Code: <u>24062</u>	

**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

**Attachment Check List**

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

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)