

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:

400250941

Date Received:

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: 10133

2. Name of Operator: HILCORP ENERGY COMPANY

3. Address: P O BOX 61229

City: HOUSTON

State: TX

Zip: 77208

4. Contact Name: JOHN MCKNIGHT

Phone: (713) 289.2755

Fax: (713) 209.2478

5. API Number 05-001-09309-00

7. Well Name: HSR-NAZARENUS

8. Location: QtrQtr: SESE Section: 8

Township: 2S

Range: 64W

Meridian: 6

9. Field Name: TRAPPER SOUTH

Field Code: 83845

6. County: ADAMS

Well Number: 16-8

### Completed Interval

FORMATION: D SANDStatus: TEMPORARILY ABANDONED

Treatment Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7820 Bottom: 7830 No. Holes: 40 Hole size: \_\_\_\_\_Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐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: \_\_\_\_\_

ABANDONED FOR NIOBRARA RECOMPLETIONDate formation Abandoned: 10/27/2011 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_Bridge Plug Depth: 7760 Sacks cement on top: 2FORMATION: NIOBRARAStatus: PRODUCINGTreatment Date: 11/21/2011 Date of First Production this formation: 11/22/2011Perforations Top: 7200 Bottom: 7288 No. Holes: 112 Hole size: 0.42Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐Treatment summary attachedThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 12/04/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 5 Bbls H2O: 55Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 5 Bbls H2O: 55 GOR: \_\_\_\_\_Test Method: FLOW Casing PSI: 125 Tubing PSI: 280 Choke Size: \_\_\_\_\_Gas Disposition: SOLD Gas Type: \_\_\_\_\_ BTU Gas: 1 API Gravity Oil: 22Tubing Size: 2 + 3/8 Tubing Setting Depth: 7230 Tbg setting date: 11/29/2011 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:

PLEASE CONTACT MARK JOHNSON AT MARK@BANKO1.COM IF THERE ARE ANY QUESTIONS ABOUT THIS SUBMISSION.

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

Signed: \_\_\_\_\_ Print Name: KIM RODELLTitle: PERMIT AGENT Date: \_\_\_\_\_ Email: KIM@BANKO1.COM

### **Attachment Check List**

| Att Doc Num | Name                  |
|-------------|-----------------------|
| 400258091   | WIRELINER JOB SUMMARY |
| 400258092   | CEMENT JOB SUMMARY    |
| 400258094   | OTHER                 |
| 400258096   | WELLBORE DIAGRAM      |

Total Attach: 4 Files

### **General Comments**

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

Total: 0 comment(s)