

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:

400241922

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: 78110

2. Name of Operator: SWEPI LP

3. Address: 4582 S ULSTER ST PKWY #1400

City: DENVER State: CO Zip: 80237

4. Contact Name: Michael Bergstrom

Phone: (303) 222-6347

Fax: (303) 222-6258

5. API Number 05-081-07659-01

7. Well Name: HARPER HILL

6. County: MOFFAT

Well Number: 2-29

8. Location: QtrQtr: SENW Section: 29 Township: 5N Range: 90W Meridian: 6

9. Field Name: WADDLE CREEK Field Code: 90450

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: Date of First Production this formation: 12/18/2011

Perforations Top: 2985 Bottom: 6760 No. Holes: 300 Hole size: 3/8

Provide a brief summary of the formation treatment: Open Hole: ☒

Did not perforate, liner was pre-perforated from 2,985' MD to 6,760' MD

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

Test Information:

Date: 01/08/2012 Hours: 24 Bbls oil: 172 Mcf Gas: Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 172 Mcf Gas: Bbls H2O: 0 GOR:

Test Method: producing Casing PSI: 29 Tubing PSI: 34 Choke Size:

Gas Disposition: Gas Type: BTU Gas: API Gravity Oil: 42

Tubing Size: 2 + 7/8 Tubing Setting Depth: 3247 Tbg setting date: 12/01/2011 Packer Depth: 2706

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

Comment:

Confidentiality request was submitted via Sundry and approved by COGCC on 3/16/2012

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

Signed: Print Name: Michael Bergstrom

Title: Senior Regulatory Advisor Date: Email: michael.bergstrom@shell.com

### Attachment Check List

Att Doc Num	Name
400265364	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)