

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2332476

Date Received:

05/01/2012

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: 10177
2. Name of Operator: ENERPLUS RESOURCES (USA) CORPORATION
3. Address: 950 17TH STREET #2200
City: DENVER State: CO Zip: 80202
4. Contact Name: RON PARHAM
Phone: (720) 279-5500
Fax: (720) 279-5550

5. API Number 05-075-09383-00
6. County: LOGAN
7. Well Name: STATE
Well Number: 7-51-33-12
8. Location: QtrQtr: NWNE Section: 33 Township: 7N Range: 51W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: TEMPORARILY ABANDONED
Treatment Date: 10/15/2010 Date of First Production this formation: _____
Perforations Top: 3946 Bottom: 3962 No. Holes: 48 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
418/ BBLs 70Q CO2 FOAM, 100,120 LBS 16/30 DANIELS & TEXAS GOLD PROPPANT. 418 BBLs BLFTR.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 10/26/2010 Hours: 10 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 134
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 3216 GOR: _____
Test Method: SWAB & FLOW Casing PSI: 200 Tubing PSI: _____ Choke Size: 2
Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 3926 Tbg setting date: 10/19/2010 Packer Depth: _____
Reason for Non-Production: _____
NO HYDROCARBONS
Date formation Abandoned: _____ Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

TUBING PSI: BLOW

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

Signed: _____ Print Name: RON PARHAM

Title: SR PROD & CMP. ENGINEER Date: 4/30/2012 Email: RPARHAM@ENERPLUS.COM

Attachment Check List

Att Doc Num	Name
2332476	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)