

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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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: 22400
2. Name of Operator: DJ PRODUCTION SERVICES INC
3. Address: 1273 FALCON COURT
City: WINDSOR State: CO Zip: 80550
4. Contact Name: Jeff Reale
Phone: (303) 947-1387
Fax: (970) 667-0046

5. API Number 05-123-34582-00
6. County: WELD
7. Well Name: Nelson
Well Number: 5-12
8. Location: QtrQtr: NENW Section: 5 Township: 4n Range: 67w Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 12/13/2011 Date of First Production this formation: 12/29/2011
Perforations Top: 7174 Bottom: 7198 No. Holes: 96 Hole size: 0.38

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

Frac Codell w/ 4126 bbls slickwater, 115,500# 30/50 sand, spearhead 500bbls 7% kcl ahead of frac

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

Test Information:

Date: 12/30/2011 Hours: 24 Bbls oil: 117 Mcf Gas: 101 Bbls H2O: 42
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 1158
Test Method: Flowing Casing PSI: 950 Tubing PSI: 1050 Choke Size:
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1327 API Gravity Oil: 49
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7164 Tbg setting date: 12/28/2011 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:

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

Signed: Print Name: Jeff Reale

Title: Agent Date: Email lam53@msn.com

Attachment Check List

Att Doc Num	Name
400286046	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)