

FORM
5A

Rev
06/12

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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2288253

Date Received:

04/19/2012

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: 10132
2. Name of Operator: GENESIS GAS & OIL LLC
3. Address: 1701 WALNUT STREET - 4TH FL
City: KANSAS CITY State: MO Zip: 64108
4. Contact Name: DAVID JENSEN
Phone: (816) 222-7500
Fax: (816) 222-7501

5. API Number 05-103-10896-00
6. County: RIO BLANCO
7. Well Name: FLETCHER GULCH
Well Number: 3-11
8. Location: QtrQtr: NWNW Section: 3 Township: 1N Range: 100W Meridian: 6
9. Field Name: FLETCHER GULCH Field Code: 24062

Completed Interval

FORMATION: WILLIAMS FORK COAL Status: PRODUCING Treatment Type:
Treatment Date: 12/05/2008 End Date: Date of First Production this formation: 02/13/2009
Perforations Top: 2114 Bottom: 2509 No. Holes: 196 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

1,500 GALS 70Q N2 FOAM WITH 6300# 100-MESH AND 87,900# 16/30 SAND PUMPED IN 3 STAGES.

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

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Number of staged intervals:

Total acid used in treatment (bbl):

Max frac gradient (psi/ft):

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/17/2009 Hours: 24 Bbl oil: 0 Mcf Gas: 17 Bbl H2O: 196
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 17 Bbl H2O: 196 GOR: 0
Test Method: PUMPING Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: VENTED Gas Type: COAL GAS Btu Gas: 890 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2547 Tbg setting date: 12/18/2008 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:

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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

Title: EXEC. VICE PRESIDENT Date: 4/13/2012 Email: DJENSEN@GENESISGO.COM
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Attachment Check List

Att Doc Num	Name
2288253	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)