

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 B. JENSEN
Phone: (816) 222-7500
Fax: (816) 222-7501

5. API Number 05-103-10888-00
6. County: RIO BLANCO
7. Well Name: FLETCHER GULCH
Well Number: 3-31
8. Location: QtrQtr: NWSW 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: 09/11/2008 End Date: Date of First Production this formation: 10/03/2008

Perforations Top: 2026 Bottom: 2446 No. Holes: 183 Hole size: 44/100

Provide a brief summary of the formation treatment: Open Hole: [ ]

N2 FOAM FRAC WITH 133,717# 20/40 SAND.

This formation is commingled with another formation: [ ] Yes [X] 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: 10/12/2008 Hours: 24 Bbl oil: 0 Mcf Gas: 70 Bbl H2O: 264

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 70 Bbl H2O: 264 GOR: 0

Test Method: PUMPING Casing PSI: 0 Tubing PSI: 100 Choke Size: 1/2

Gas Disposition: VENTED Gas Type: WET Btu Gas: 842 API Gravity Oil:

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2548 Tbg setting date: 10/02/2008 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
2288248	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)