

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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Document Number:
2288252

Date Received:
05/24/2012

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

5. API Number 05-103-10897-00 6. County: RIO BLANCO
 7. Well Name: FLETCHER GULCH Well Number: 4-24
 8. Location: QtrQtr: LOT 12 Section: 4 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: 11/04/2008 End Date: _____ Date of First Production this formation: 02/13/2009

Perforations Top: 1870 Bottom: 2300 No. Holes: 196 Hole size: 35/100

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

1,500 GALS 70Q N2 FOAM WITH 5,000# 100-MESH AND 114,450# 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: 02/22/2009 Hours: 24 Bbl oil: 0 Mcf Gas: 74 Bbl H2O: 201

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 74 Bbl H2O: 201 GOR: 0

Test Method: PUMPING Casing PSI: 0 Tubing PSI: 100 Choke Size: 50/100

Gas Disposition: VENTED Gas Type: COAL GAS Btu Gas: 890 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2346 Tbg setting date: 11/25/2008 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:

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
2288252	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Financial Assurance	Input tubing and casing pressure per operator.	7/5/2012 1:27:00 PM

Total: 1 comment(s)