

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400283919

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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: 68710 4. Contact Name: CLAYTON DOKE
2. Name of Operator: PETERSON ENERGY OPERATING INC Phone: (970) 669-7411
3. Address: 2154 W EISENHOWER BLVD City: LOVELAND State: CO Zip: 80537 Fax: (970) 669-4077

5. API Number 05-123-34011-00 6. County: WELD
7. Well Name: 392 VENTURES Well Number: 42-22D
8. Location: QtrQtr: SENW Section: 22 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:
Treatment Date: 02/29/2012 End Date: Date of First Production this formation: 03/21/2012
Perforations Top: 7621 Bottom: 7633 No. Holes: 48 Hole size: 042/100

Provide a brief summary of the formation treatment:

Open Hole: []

177240 gal slickwater with 30/50 sand ramped from 0.25# to 1.80#

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: Max frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
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: 03/21/2012 Hours: 24 Bbl oil: 10 Mcf Gas: 1 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 1 Bbl H2O: 0 GOR: 100
Test Method: Flowing Casing PSI: 750 Tubing PSI: Choke Size: 08/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1284 API Gravity Oil: 43
Tubing Size: Tubing Setting Depth: Tbg setting date: 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: ** Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: _____ Print Name: CLAYTON DOKE

Title: PETROLEUM ENGINEER Date: 5/23/2012 Email cdoke@petersonenergy.com
:

Attachment Check List

Att Doc Num	Name
2288829	WELLBORE DIAGRAM
400283919	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Off hold. Attached WBD and input GOR per operator.	7/18/2012 10:24:02 AM
Permit	On Hold. Pending verification of GOR and WBD.	7/18/2012 7:39:34 AM

Total: 2 comment(s)