

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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400283879

Date Received:

05/23/2012

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

5. API Number 05-123-34010-00 6. County: WELD  
7. Well Name: 392 VENTURES Well Number: 12-22D  
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: 03/02/2012 End Date: \_\_\_\_\_ Date of First Production this formation: 03/22/2012  
Perforations Top: 7448 Bottom: 7460 No. Holes: 48 Hole size: 042/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

259,560 gal slickwater containing 137,744# 30/50 sand

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: \_\_\_\_\_

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: 03/22/2012 Hours: 24 Bbl oil: 14 Mcf Gas: 4 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 14 Mcf Gas: 4 Bbl H2O: 0 GOR: 290  
Test Method: Flowing Casing PSI: 1000 Tubing PSI: \_\_\_\_\_ Choke Size: 08/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1282 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:

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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: CLAYTON DOKE

Title: PETROLEUM ENGINEER Date: 5/23/2012 Email cdoke@petersonenergy.com  
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### **Attachment Check List**

Att Doc Num	Name
400283879	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)