

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: 22400
2. Name of Operator: DJ PRODUCTION SERVICES INC
3. Address: 1273 FALCON COURT
City: WINDSOR State: CO Zip: 80550
4. Contact Name: Jeff Reale
Phone: (303) 947-1387
Fax: (970) 667-0046

5. API Number 05-123-30724-00
6. County: WELD
7. Well Name: NELSON
Well Number: 5-51
8. Location: QtrQtr: NWNE Section: 5 Township: 4N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:

Treatment Date: 11/06/2011 End Date: Date of First Production this formation: 11/17/2011

Perforations Top: 6960 Bottom: 6984 No. Holes: 48 Hole size: 0.32

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

Frac Codell w/ 4116 bbls slickwater & 115,000 30/50 sand, spearhead 500 bbls 7% KCL ahead of frac.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Max frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/18/2011 Hours: 24 Bbl oil: 77 Mcf Gas: 176 Bbl H2O: 120
Calculated 24 hour rate: Bbl oil: 77 Mcf Gas: 176 Bbl H2O: 120 GOR: 2286
Test Method: Flowing Casing PSI: 500 Tubing PSI: Choke Size: 12/16
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1240 API Gravity Oil: 48
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.

FORMATION: NIOBRARA-CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 03/01/2012

Perforations Top: 6624 Bottom: 6984 No. Holes: 376 Hole size: 0.32

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

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: 03/03/2012 Hours: 24 Bbl oil: 83 Mcf Gas: 212 Bbl H2O: 30

Calculated 24 hour rate: Bbl oil: 83 Mcf Gas: 212 Bbl H2O: 30 GOR: 2554

Test Method: Plungerlift Casing PSI: 1350 Tubing PSI: 800 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1240 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6946 Tbg setting date: 02/28/2012 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.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: _____

Treatment Date: 01/02/2012 End Date: _____ Date of First Production this formation: 01/03/2012

Perforations Top: 6624 Bottom: 6852 No. Holes: 328 Hole size: 0.32

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

Frac Niobrara w/ 6015 bbls skickwater & 200,250#s 40/70 sand and 4,000#s 20/40 resn coat. Spearhead 12 bbls hcl acid & 500 bbls 7% kcl water ahead of frac.

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: 01/07/2012 Hours: 24 Bbl oil: 58 Mcf Gas: 141 Bbl H2O: 164

Calculated 24 hour rate: Bbl oil: 58 Mcf Gas: 141 Bbl H2O: 164 GOR: 1163

Test Method: Flowing Casing PSI: 500 Tubing PSI: _____ Choke Size: 12/16

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1260 API Gravity Oil: 49

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: Jeff Reale

Title: Agent Date: 4/23/2012 Email: lam53@msn.com

Attachment Check List

Att Doc Num	Name
400264199	FORM 5A SUBMITTED
400275417	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Input flow rates based on test data.	7/24/2012 1:58:34 PM

Total: 1 comment(s)