

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



Table with columns DE, ET, OE, ES

Document Number: 400283916

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

5. API Number 05-123-34004-00
6. County: WELD
7. Well Name: 392 VENTURES
Well Number: 32-22D
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: 7268 Bottom: 7280 No. Holes: 48 Hole size: 042/100

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

151,284 gal slickwater with 30/50 sand

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: [ ]

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: 60
Test Method: Flowing Casing PSI: 0 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
400283916	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)