

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:

2288242

Date Received:

04/19/2012

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: 10384
2. Name of Operator: GENESIS GAS & OIL COLORADO LLC
3. Address: 1701 WALNUT STREET - 4TH FL
City: KANSAS CITY State: MO Zip: 64108
4. Contact Name: DAVID B. JENSEN
Phone: (816) 222-7500
Fax: (816) 222-7501

5. API Number 05-103-11880-00
6. County: RIO BLANCO
7. Well Name: CALAMITY RIDGE
Well Number: 14-31
8. Location: QtrQtr: LOT 7 Section: 14 Township: 1N Range: 100W Meridian: 6
9. Field Name: FLETCHER GULCH Field Code: 24062

Completed Interval

FORMATION: ILES Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/16/2009 End Date: Date of First Production this formation: 12/22/2011

Perforations Top: 3492 Bottom: 3594 No. Holes: 44 Hole size: 35/100

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

FRAC'D WITH 1000 GALS 15% HCL LEAD, 29,172 GALS 70Q N2 FOAM WITH 1529# 100-MESH AND 35,776# 16/30 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: Min 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: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

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: WILLIAMS FORK COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 11/17/2011 End Date: _____ Date of First Production this formation: 12/22/2011
Perforations Top: 3082 Bottom: 3435 No. Holes: 248 Hole size: 35/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

FRAC'D WITH 2000 GALS 15% HCL LEAD, 69,143 GALS 70Q N2 FOAM WITH 3471# 100-MESH AND 110,000# 16/30 SAND PUMPED IN 2 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: _____ Min 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: 01/04/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 27 Bbl H2O: 271
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 27 Bbl H2O: 271 GOR: 0
Test Method: PUMPING Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: VENTED Gas Type: COAL GAS Btu Gas: 741 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 3806 Tbg setting date: 12/07/2011 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: DAVID B. JENSEN
Title: DAVID B. JENSEN Date: 4/13/2012 Email: DJENSEN@GENESISGO.COM

Attachment Check List

Att Doc Num	Name
2288242	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	off hold; oper. submitted form 5A to correct producing formations.	9/26/2012 7:43:24 AM
Permit	On Hold pending verification of Formations.	7/5/2012 1:42:05 PM

Total: 2 comment(s)