

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: 10343
2. Name of Operator: QEP ENERGY COMPANY
3. Address: 1050 17TH STREET - SUITE 500
City: DENVER State: CO Zip: 80265
4. Contact Name: MEGHAN CAMPBELL
Phone: (303) 405-6606
Fax: (303) 675-0741

5. API Number 05-083-06538-00
6. County: MONTEZUMA
7. Well Name: ISLAND BUTTE II UNIT
Well Number: 8
8. Location: QtrQtr: NWNE Section: 21 Township: 38N Range: 19W Meridian: N
9. Field Name: ISLAND BUTTE Field Code: 39425

Completed Interval

FORMATION: DESERT CREEK Status: PRODUCING Treatment Type:
Treatment Date: 02/10/2012 End Date: Date of First Production this formation: 07/31/1992
Perforations Top: 6082 Bottom: 6092 No. Holes: 40 Hole size: 45/100

Provide a brief summary of the formation treatment:

Open Hole: []

PUMPED 1000 GALLONS OF FRAC TECH'S NFS-2000 SOLUTION, 1000 GALLONS OF 20% HCL ACID, SPACED AND OVERFLUSHED WITH 2800 GALLONS OF 2% KCL WATER.

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):
Min 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: 02/15/2012 Hours: 24 Bbl oil: 4 Mcf Gas: 18 Bbl H2O: 84
Calculated 24 hour rate: Bbl oil: 4 Mcf Gas: 18 Bbl H2O: 84 GOR: 4500
Test Method: FLOWING Casing PSI: 9 Tubing PSI: 9 Choke Size:
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1340 API Gravity Oil: 50
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6097 Tbg setting date: 02/13/2012 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.

Comment:

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

Signed: _____ Print Name: MEGHAN CAMPBELL
Title: PERMIT AGENT Date: 3/6/2012 Email MEGHAN.CAMPBELL@GEPRES.COM
:

Attachment Check List

Att Doc Num	Name
2287847	FORM 5A SUBMITTED
2287848	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)