

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:

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Date Received:

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: 10299
2. Name of Operator: KUENZLER & FLORA RESERVE COMPANY
3. Address: 3310 W AQUEDUCT AVE
City: LITTLETON State: CO Zip: 80123
4. Contact Name: Jacob Flora
Phone: (720) 988-5375
Fax:

5. API Number 05-061-06178-00
6. County: KIOWA
7. Well Name: ANSCHUTZ
Well Number: 1-5
8. Location: QtrQtr: NWNE Section: 5 Township: 19S Range: 44W Meridian: 6
9. Field Name: SHERIDAN LAKE Field Code: 77350

Completed Interval

FORMATION: LANSING-KANSAS CITY Status: PLUGGED AND ABANDONED Treatment Type: ACID JOB
Treatment Date: 09/28/2012 End Date: 09/28/2012 Date of First Production this formation:
Perforations Top: 4204 Bottom: 4208 No. Holes: 16 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

pumped 500 gal 15% MCA

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 32

Max pressure during treatment (psi): 75

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 12

Number of staged intervals:

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 32

Fresh water used in treatment (bbl): 20

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 0

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/28/2012 Hours: 6 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 32
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 10 GOR: 0
Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 4212 Tbg setting date: 09/28/2012 Packer Depth: 4180

Reason for Non-Production: Wet

Date formation Abandoned: 09/28/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 4170 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: <u>LANSING</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>ACID JOB</u>	
Treatment Date: <u>09/28/2012</u>		End Date: <u>09/28/2012</u>		Date of First Production this formation: <u>11/06/2012</u>	
Perforations	Top: <u>4104</u>	Bottom: <u>4108</u>	No. Holes: <u>16</u>	Hole size: <u>0.38</u>	

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

pumped 500 gal 15% MCA

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): <u>32</u>	Max pressure during treatment (psi): <u>20</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): <u>12</u>	Number of staged intervals: _____
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>20</u>	Disposition method for flowback: _____
Total proppant used (lbs): <u>0</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>11/06/2012</u>	Hours: <u>24</u>	Bbl oil: <u>43</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>15</u>
Calculated 24 hour rate:	Bbl oil: <u>43</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>15</u>	GOR: <u>0</u>
Test Method: <u>pump</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>30</u>	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: <u>0</u>	API Gravity Oil: <u>36</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>4125</u>	Tbg setting date: <u>10/01/2012</u>	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: MARMATON Status: PLUGGED AND ABANDONED Treatment Type: ACID JOB
Treatment Date: 09/26/2012 End Date: 09/26/2012 Date of First Production this formation: _____
Perforations Top: 4376 Bottom: 4382 No. Holes: 24 Hole size: 0.38
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

pumped 500 gal 15% MCA

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 32

Max pressure during treatment (psi): 200

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 12

Number of staged intervals: _____

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 32

Fresh water used in treatment (bbl): 20

Disposition method for flowback: DISPOSAL

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: 09/27/2012 Hours: 4 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 32
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 20 GOR: 0
Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 4382 Tbg setting date: 09/26/2012 Packer Depth: 4350

Reason for Non-Production: Wet

Date formation Abandoned: 09/26/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 4350 ** Sacks cement on top: 2 ** 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: Jacob Flora

Title: Partner Date: _____ Email jakeflora@kfrcorp.com

Attachment Check List

Att Doc Num	Name
400346001	WELLBORE DIAGRAM
400346002	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)