

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: 81295 2. Name of Operator: RED WILLOW PRODUCTION COMPANY 3. Address: P O BOX 369 City: IGNACIO State: CO Zip: 81137 4. Contact Name: DENNIS CORKRAN Phone: (970) 563-5163 Fax: (970) 563-5161

5. API Number 05-007-06295-00 6. County: ARCHULETA 7. Well Name: NORTH CARRACAS 32-5 Well Number: 9C-4 8. Location: QtrQtr: SENE Section: 9 Township: 32N Range: 5W Meridian: N 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 03/27/2012

Perforations Top: 3267 Bottom: 6351 No. Holes: 18504 Hole size: 50/100

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

140 BBLS HCL W 2 1/2 GAL/100 GAL OF GAS PERM SURFACTANT & DBL INHIBITED FLUSH.

This formation is commingled with another formation: [] Yes [X] 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: 03/27/2011 Hours: 2 Bbl oil: 0 Mcf Gas: 268 Bbl H2O: 80

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

Test Method: PRODUCTION Casing PSI: 140 Tubing PSI: 740 Choke Size:

Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 934 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 3133 Tbg setting date: 04/05/2012 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:

FORM 5 DOC #2288526

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

Signed: _____ Print Name: DENNIS CORKRAN

Title: DRILLING & PRODUCTION Date: 4/16/2012 Email DCORKRAN@RWPC.US
:

Attachment Check List

Att Doc Num	Name
2288527	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	BTU GAS IS A REQUIRED FIELD IF MCF GAS IS ENTERED.	3/7/2012 1:33:13 PM

Total: 1 comment(s)