

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400360990

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: 200184 2. Name of Operator: TRILOGY RESOURCES LLC 3. Address: 1151 EAGLE DRIVE #354 City: LOVELAND State: CO Zip: 80537 4. Contact Name: Jeff Reale Phone: (970) 669-3318 Fax: (970) 667-0046

5. API Number 05-123-35290-00 6. County: WELD 7. Well Name: Keto Well Number: 7-44 8. Location: QtrQtr: NESE Section: 7 Township: 4n Range: 67w Meridian: 6 9. Field Name: JOHNSTOWN Field Code: 42600

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 7176 Bottom: 7200 No. Holes: 96 Hole size: 19/50 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/19/2012 End Date: 11/19/2012 Date of First Production this formation: 11/20/2012  
Perforations Top: 6840 Bottom: 7060 No. Holes: 200 Hole size: 19/50

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

Frac Niobrara w/ 6084 bbls slickwater and 200,400# 40/70 sand & 4000# resin coated sand. Spearhead 1000 gallons 15% HCL & 500 bbls KCL water ahead of frac.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 6084 Max pressure during treatment (psi): 5476

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.70

Type of gas used in treatment: Min frac gradient (psi/ft): 0.85

Total acid used in treatment (bbl): 24 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1272

Fresh water used in treatment (bbl): 6084 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 204400 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: 11/23/2012 Hours: 24 Bbl oil: 54 Mcf Gas: 97 Bbl H2O: 43

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: 556

Test Method: Flowing Casing PSI: 400 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1314 API Gravity Oil: 48

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: Jeff Reale  
Title: Manager Date: Email jeff@mistymountainop.com

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)