

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: 57667
2. Name of Operator: MINERAL RESOURCES, INC.
3. Address: PO BOX 328 City: GREELEY State: CO Zip: 80632
4. Contact Name: CLAYTON DOKE Phone: (970) 669-7411 Fax: (970) 669-4077

5. API Number 05-123-33975-00
6. County: WELD
7. Well Name: WESTBONE Well Number: 1-3-22
8. Location: QtrQtr: NWSE Section: 22 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/07/2011 End Date: 10/07/2011 Date of First Production this formation:
Perforations Top: 7744 Bottom: 7754 No. Holes: 40 Hole size: 042/100

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

115,586 gals (19,987 FR water, 89,717 gals pHaserfrac, 5,878 gals fresh), 250,000 lbs 30/50 White.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 2752 Max pressure during treatment (psi): 6116
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: Min frac gradient (psi/ft): 0.83
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 2752 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 250000 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized: PIPELINE

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-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 01/25/2012

Perforations Top: 7425 Bottom: 7754 No. Holes: 112 Hole size: 042/100

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

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: 02/11/2012 Hours: 24 Bbl oil: 24 Mcf Gas: 268 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 24 Mcf Gas: 268 Bbl H2O: 0 GOR: 11

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

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1237 API Gravity Oil: 58

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7719 Tbg setting date: 02/24/2012 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/08/2011 End Date: 10/08/2011 Date of First Production this formation:
Perforations Top: 7425 Bottom: 7569 No. Holes: 72 Hole size: 042/100

Provide a brief summary of the formation treatment: Open Hole:
140,870 gals (33,482 FR water, 101,716 gals pHaserfrac, 1,000 gals acid, 5,675 gals fresh), 250,000 lbs 30/50 White.

This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl): 3354 Max pressure during treatment (psi): 5966
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: Min frac gradient (psi/ft): 0.91
Total acid used in treatment (bbl): 24 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 3330 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 250000 Rule 805 green completion techniques were utilized: []
Reason why green completion not utilized: PIPELINE

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.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: CLAYTON DOKE
Title: PETROLEUM ENGINEER Date: 12/4/2012 Email: cdoke@petersonenergy.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 400351847 FORM 5A SUBMITTED, 400353219 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row: Permit, Requested Opr to enter data into FracFocus, 2/7/2013 3:32:14 PM

Total: 1 comment(s)