

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

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

5. API Number 05-123-33967-00 6. County: WELD
 7. Well Name: WESTFORK Well Number: 1-1-22
 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: 10/06/2011 End Date: 10/06/2011 Date of First Production this formation: _____
 Perforations Top: 7966 Bottom: 7976 No. Holes: 40 Hole size: 042/100

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

116,544 gals (19,970 FR water, 90,553 gals pHaserfrac, 6,054 gals fresh), 250,000 lbs 20/40 White.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2775 Max pressure during treatment (psi): 5703
 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): 0.82
 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): 2775 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: FRACTURE STIMULATION

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

Perforations Top: 7640 Bottom: 7976 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: 02/15/2012 Hours: 24 Bbl oil: 25 Mcf Gas: 375 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 24 Mcf Gas: 375 Bbl H2O: 0 GOR: 15

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: 7926 Tbg setting date: 03/02/2012 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: 10/07/2011 End Date: 10/07/2011 Date of First Production this formation:
Perforations Top: 7640 Bottom: 7790 No. Holes: 72 Hole size: 042/100

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

139,520 gals (33,898 FR water, 98,788 gals pHaserfrac, 1,000 gals acid, 5,830 gals fresh), 250,000 lbs 30/50 White.

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

Total fluid used in treatment (bbl): 3322 Max pressure during treatment (psi): 6072

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): 3298 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: 400351989 FORM 5A SUBMITTED, 400353208 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)