

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



DE ET OE ES

Document Number:

2237850

Date Received:

01/08/2013

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: 54380
2. Name of Operator: MATRIX ENERGY LLC
3. Address: 1241 THOROUGHbred ROAD
City: DURANGO State: CO Zip: 81303
4. Contact Name: DAVID M BLANDFORD
Phone: (970) 247-1959
Fax: (970) 247-2359

5. API Number 05-123-35776-00
6. County: WELD
7. Well Name: HOLTON
Well Number: 31-12
8. Location: QtrQtr: NWNE Section: 12 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 09/24/2012 End Date: 09/24/2012 Date of First Production this formation:
Perforations Top: 7058 Bottom: 7066 No. Holes: 40 Hole size: 42/100
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): 3642 Max pressure during treatment (psi): 4057
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.97
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 599
Fresh water used in treatment (bbl): 3642 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 250320 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: SWEBBING Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: WET Btu Gas: API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7045 Tbg setting date: 10/13/2012 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:

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

Signed: _____ Print Name: DAVID M. BLANDFORD

Title: CO-MANAGER Date: 11/2/2012 Email ANDELEENERGY@GMAIL.COM

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Attachment Check List

Att Doc Num	Name
2237850	FORM 5A SUBMITTED
2237851	WELLBORE DIAGRAM
2237852	OTHER

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
Permit	5 passed.	2/19/2013 1:46:11 PM
Permit	WO 5 to pass.	2/13/2013 3:35:56 PM

Total: 2 comment(s)