

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



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Document Number:

400346059

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: 10299
2. Name of Operator: KUENZLER & FLORA RESERVE COMPANY
3. Address: 3310 W AQUEDUCT AVE
City: LITTLETON State: CO Zip: 80123
4. Contact Name: Jacob Flora
Phone: (720) 988-5375
Fax:

5. API Number 05-017-07723-00
6. County: CHEYENNE
7. Well Name: CHESNEE
Well Number: 1
8. Location: QtrQtr: SENE Section: 7 Township: 14S Range: 44W Meridian: 6
9. Field Name: SPUR Field Code: 78800

Completed Interval

FORMATION: MISSISSIPPIAN Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 10/25/2012 End Date: 10/25/2012 Date of First Production this formation:
Perforations Top: 5376 Bottom: 5382 No. Holes: 24 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

pump 500 gal 15% MCA

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 33

Max pressure during treatment (psi): 85

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 12

Number of staged intervals:

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 50

Fresh water used in treatment (bbl): 21

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 0

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: 24 Bbl oil: 70 Mcf Gas: 0 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 70 Mcf Gas: 0 Bbl H2O: 0 GOR:
Test Method: pump Casing PSI: 0 Tubing PSI: 0 Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 36
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5392 Tbg setting date: 10/26/2012 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:

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

Signed: _____ Print Name: Jacob Flora

Title: Partner Date: _____ Email jakeflora@kfrcorp.com
:

Attachment Check List

Att Doc Num	Name
400346062	WELLBORE DIAGRAM
400346063	WIRELINER JOB SUMMARY
400346065	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)