

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/19/2013 End Date: 03/19/2013 Date of First Production this formation: _____

Perforations Top: 7266 Bottom: 7284 No. Holes: 72 Hole size: 38/100

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

TREATED WITH 4785 BBLs AND 11,989#s OF 30/50 SAND AND 5,000# OF 20/40 SAND. FLOW THROUGH PLUG SET AT 7210'.
TUBING HAS NOT BEEN RUN YET.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>4785</u>	Max pressure during treatment (psi): <u>4795</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.85</u>
Total acid used in treatment (bbl): <u>23</u>	Number of staged intervals: <u>10</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>2428</u>
Fresh water used in treatment (bbl): <u>4785</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>105980</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>03/23/2013</u>	Hours: <u>5</u>	Bbl oil: <u>24</u>	Mcf Gas: <u>50</u>	Bbl H2O: <u>57</u>
Calculated 24 hour rate:	Bbl oil: <u>117</u>	Mcf Gas: <u>240</u>	Bbl H2O: <u>272</u>	GOR: <u>2051</u>
Test Method: <u>Flowback</u>	Casing PSI: <u>500</u>	Tubing PSI: _____	Choke Size: <u>18/64</u>	
Gas Disposition: <u>VENTED</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1260</u>	API Gravity Oil: <u>47</u>	
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: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/19/2013 End Date: 03/19/2013 Date of First Production this formation: 03/23/2013
Perforations Top: 7120 Bottom: 7142 No. Holes: 88 Hole size: 38/100

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

FRACED THE NIOBRARA C DOWN 4 1/2" WITH 193,494 GALS. OF FR WATER PAD, 16,250# OF 40/70 SAND, 93,860# OF 30/50 SAND AND 5,000# OF SUPER Ic 2040 SAND. CODELL AND NIOBRA FRACED ON SAME DATE, ONE FLOW BACK REPORTED FOR BOTH FORMATIONS.

NO TUBING SET

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4607 Max pressure during treatment (psi): 5233

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): 0.83

Total acid used in treatment (bbl): 0 Number of staged intervals: 9

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 2428

Fresh water used in treatment (bbl): 4607 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 115380 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/23/2013 Hours: 5 Bbl oil: 24 Mcf Gas: 50 Bbl H2O: 57

Calculated 24 hour rate: Bbl oil: 117 Mcf Gas: 240 Bbl H2O: 272 GOR: 2051

Test Method: Flowback Casing PSI: 500 Tubing PSI: Choke Size: 18/64

Gas Disposition: VENTED Gas Type: WET Btu Gas: 1260 API Gravity Oil: 47

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth: 7210

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:
CODELL AND NIOBRA FRACED AT SAME TIME, FLOW BACK REPORTED ON BOTH.
NO TUBING SET

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: Paul Herring
Title: Landman Date: Email paul.herring@topoperating.com

Attachment Check List

Att Doc Num	Name
400400025	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)