

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: 27480 4. Contact Name: ANNA STOTTS
2. Name of Operator: ENERGEN RESOURCES CORPORATION Phone: (505) 325-6800
3. Address: 2010 AFTON PLACE City: FARMINGTON State: NM Zip: 87401 Fax: (505) 326-6112

5. API Number 05-007-06310-00 6. County: ARCHULETA
7. Well Name: NAVAJO LAKE 32-5 Well Number: 16-3
8. Location: QtrQtr: SWSE Section: 17 Township: 32N Range: 5W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 10/03/2012
Perforations Top: 4683 Bottom: 7349 No. Holes: 21328 Hole size: 50/100
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: 10/03/2012 Hours: 2 Bbl oil: 0 Mcf Gas: 1112 Bbl H2O: 131
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: PRODUCTION Casing PSI: 900 Tubing PSI: 1300 Choke Size:
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 963 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4496 Tbg setting date: 10/12/2012 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: ANNA STOTTS

Title: REGULATORY Date: 10/19/2012 Email: ASTOTTS@ENERGEN.COM
:

Attachment Check List

Att Doc Num	Name
2237794	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator filled in information incorrectly. revised	5/29/2013 9:23:47 AM
Permit	On hold - to determine if top of producing zone falls outside of setbacks.	12/21/2012 2:36:06 PM

Total: 2 comment(s)