

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 2486632 Date Received: 05/21/2013

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: 10406 2. Name of Operator: FIRST LIBERTY ENERGY INC 3. Address: 160 W CAMINO REAL #221 City: BOCA RATON State: FL Zip: 33432 4. Contact Name: KEN WONSTOLEN Phone: (303) 407-4491 Fax:

5. API Number 05-105-06019-00 6. County: RIO GRANDE 7. Well Name: Basin Well Number: # 1 8. Location: QtrQtr: NESE Section: 9 Township: 40N Range: 5E Meridian: N 9. Field Name: DEL NORTE Field Code: 16210

Completed Interval

FORMATION: MANCOS Status: ABANDONED WELLBORE/COMPLETION Treatment Type: FRACTURE STIMULATION Treatment Date: 04/11/2013 End Date: 04/11/2013 Date of First Production this formation: Perforations Top: 6460 Bottom: 6756 No. Holes: 108 Hole size: 6 + 1/8 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): 1901 Max pressure during treatment (psi): 1900 Total gas used in treatment (mcf): 4355 Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: 3 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 549 Fresh water used in treatment (bbl): 1796 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 246280 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: 04/22/2013 Hours: 12 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: Test Method: SWAB Casing PSI: 100 Tubing PSI: Choke Size: 40/64 Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0 Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth: Reason for Non-Production: NO PRODUCTION AS A RESULT OF PERF/FRAC Date formation Abandoned: 04/24/2013 Squeeze: Yes No If yes, number of sacks cmt ** Bridge Plug Depth: 6400 ** Sacks cement on top: 2 ** 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: KEN WONSTOLEN
Title: ATTORNEY Date: 5/21/2013 Email KWONSTOLEN@BWENERGYLAW.COM
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Attachment Check List

Att Doc Num	Name
2486632	FORM 5A SUBMITTED
2518414	DRILLING COMPLETION REPORT
2518424	FORM 5A SUBMITTED

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Swab test should indicate 0 fluids or gas if none was recovered. Blank feilds appear as incomplete.	5/28/2013 10:37:22 AM

Total: 1 comment(s)