

FORM
5ARev
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

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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: 101101 4. Contact Name: Travis Leck
 2. Name of Operator: SAGA PETROLEUM LIMITED LIABILITY CO OF CO Phone: (303) 996-7766
 3. Address: 600 17TH ST STE 1700N Fax: (303) 996-7767
 City: DENVER State: CO Zip: 80202

5. API Number 05-121-11020-00 6. County: WASHINGTON
 7. Well Name: Jones Dupree Well Number: 32-26A
 8. Location: QtrQtr: SWNE Section: 26 Township: 3S Range: 51W Meridian: 6
 9. Field Name: RUSH WILLADEL Field Code: 76000

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type: ACID JOB
 Treatment Date: 04/17/2013 End Date: 04/17/2013 Date of First Production this formation: 04/23/2013
 Perforations Top: 3910 Bottom: 3980 No. Holes: 88 Hole size: 0.58

Provide a brief summary of the formation treatment:

Open Hole: ☐

Brokedown perforations with acid.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 11Max pressure during treatment (psi): 1535Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.00Total acid used in treatment (bbl): 6Number of staged intervals: 1Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 22Fresh water used in treatment (bbl): 26Disposition method for flowback: RECYCLETotal proppant used (lbs): 0Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/29/2013 Hours: 24 Bbl oil: 3 Mcf Gas: 0 Bbl H2O: 4057
 Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 0 Bbl H2O: 4057 GOR: 0
 Test Method: 24 hr Casing PSI: 0 Tubing PSI: 8 Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 20
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 3451 Tbg setting date: 04/20/2013 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: Kelly Lyman

Title: Engineering Tech Date: _____ Email: klyman@sagapetroleum.com
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)