

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: 400437702

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: 57667 4. Contact Name: CLAYTON DOKE
2. Name of Operator: MINERAL RESOURCES, INC. Phone: (303) 216-0703
3. Address: PO BOX 328 City: GREELEY State: CO Zip: 80632 Fax: (303) 216-2139

5. API Number 05-123-34640-00 6. County: WELD
7. Well Name: Westmoor 5 Well Number: 2-6-2
8. Location: QtrQtr: SENE Section: 2 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/14/2013 End Date: 02/14/2013 Date of First Production this formation:
Perforations Top: 8145 Bottom: 8163 No. Holes: 72 Hole size: 045/100

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

4,315 bbls total fluid, 317,871# 20/40 & 30/50 Sand

This formation is commingled with another formation: [X] Yes [ ] No

Total fluid used in treatment (bbl): 4315 Max pressure during treatment (psi): 4820
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.25
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): 24 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 3452
Fresh water used in treatment (bbl): 3955 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 317871 Rule 805 green completion techniques were utilized: [ ]

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
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-CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 02/23/2013

Perforations Top: 7818 Bottom: 8163 No. Holes: 132 Hole size: \_\_\_\_\_

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: 02/23/2013 Hours: 24 Bbl oil: 144 Mcf Gas: 617 Bbl H2O: 80

Calculated 24 hour rate: Bbl oil: 144 Mcf Gas: 617 Bbl H2O: 80 GOR: 4284

Test Method: FLOWING Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1301 API Gravity Oil: 58

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8124 Tbg setting date: 04/12/2013 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/14/2013 End Date: 02/14/2013 Date of First Production this formation:
Perforations Top: 7818 Bottom: 7975 No. Holes: 60 Hole size: 045/100

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

3,401 bbls total fluid used, 250,540# 20/40 & 30/50 Sand

This formation is commingled with another formation: [X] Yes [ ] No

Total fluid used in treatment (bbl): 3401 Max pressure during treatment (psi): 4964

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.25

Type of gas used in treatment: Min frac gradient (psi/ft): 0.62

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 2721

Fresh water used in treatment (bbl): 3263 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250540 Rule 805 green completion techniques were utilized: [ ]

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

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.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: CLAYTON DOKE
Title: SENIOR ENGINEER Date: Email cdoke@iptengineers.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400437718, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)