

**FORM
5A**

Rev
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



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Document Number:

400443030

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: <u>100122</u>	4. Contact Name: <u>Mike Cleary</u>
2. Name of Operator: <u>GUNNISON ENERGY CORPORATION</u>	Phone: <u>(303) 296-4222</u>
3. Address: <u>1801 BROADWAY #1200</u>	Fax: <u>(303) 296-4555</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-051-06077-00</u>	6. County: <u>GUNNISON</u>
7. Well Name: <u>JACOBS TRUST 1290</u>	Well Number: <u>6-32</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>6</u> Township: <u>12S</u> Range: <u>90W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: COZZETTE-CORCORAN Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/10/2011 End Date: 10/12/2011 Date of First Production this formation: 10/13/2011

Perforations Top: 4940 Bottom: 5132 No. Holes: 200 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

See previous 5A for Treatments 1-3 (dated 3/7/08). Treatment #4: Pmpd 1000 gals 15% FE acid. Frac w/51,715 gals fluid and 85,000# 20-40 sd. MTP 6491#, Max rate 24.9 BPM, ATP 4393#, avg rate 20.5 BPM. Treatment #5: Pmpd 1010 bbls fluid, 91,200# 20-40 sd. MTP 3426#, max rate 27.5 BPM, ATP 2727#, avg rate 26.4 BPM.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 2241

Max pressure during treatment (psi): 6491

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 1295.00

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.50

Total acid used in treatment (bbl): 23

Number of staged intervals: 2

Recycled water used in treatment (bbl): 2241

Flowback volume recovered (bbl): 1764

Fresh water used in treatment (bbl): 2241

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 176200

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/15/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 128

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 128 GOR: 0

Test Method: flowig Casing PSI: 70 Tubing PSI: 495 Choke Size: 64/64

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

Tubing Size: 2 + 7/8 Tubing Setting Depth: 4895 Tbg setting date: 11/07/2011 Packer Depth: _____

Reason for Non-Production: No pipeline.

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:

Set flow thru CBP at 5044'. Copy of WL ticket attached as is a wellbore diagram.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Patty Johnson

Title: Operations Tech Date: _____ Email patty.johnson@oxbow.com

Attachment Check List

Att Doc Num	Name
400443138	WIRELINE JOB SUMMARY
400443141	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)