

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: 400451753

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, reoperation 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: 10460 2. Name of Operator: HIGH PLAINS ENERGY LLC 3. Address: 4545 S MONACO STREET #116 City: DENVER State: CO Zip: 80237 4. Contact Name: Randy Wheat Phone: (720) 480-7776 Fax: (720) 545-0389

5. API Number 05-075-09413-00 6. County: LOGAN 7. Well Name: Dune Ridge State Well Number: 32-1 8. Location: QtrQtr: SENE Section: 32 Township: 7N Range: 52W Meridian: 6 9. Field Name: DUNE RIDGE Field Code: 19000

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 06/07/2013

Perforations Top: 4453 Bottom: 4457 No. Holes: 16 Hole size: 0.425

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

No treatment conducted. Well producing through perforations.

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

Total fluid used in treatment (bbl): 0 Max pressure during treatment (psi): 0

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.00

Type of gas used in treatment: Min frac gradient (psi/ft): 0.00

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

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: 06/03/2013 Hours: 24 Bbl oil: 20 Mcf Gas: 40 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 40 Bbl H2O: 2 GOR: 2000

Test Method: Pumping Casing PSI: 140 Tubing PSI: 125 Choke Size:

Gas Disposition: VENTED Gas Type: WET Btu Gas: 1400 API Gravity Oil: 38

Tubing Size: 2 + 7/8 Tubing Setting Depth: 4512 Tbg setting date: 06/05/2013 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:

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

Signed: \_\_\_\_\_ Print Name: Randy Wheat

Title: Manager Date: \_\_\_\_\_ Email: randy@highplainsenergyllc.com  
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**Attachment Check List**

Att Doc Num	Name
400453804	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)