

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



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, 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: 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 ☒ 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:

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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: Randy Wheat

Title: Manager Date: _____ Email: randy@highplainsenergyllc.com
:

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)