

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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Date Received:  
07/03/2013

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

5. API Number 05-051-06077-00  
6. County: GUNNISON  
7. Well Name: JACOBS TRUST 1290  
Well Number: 6-32  
8. Location: QtrQtr: SWNE Section: 6 Township: 12S Range: 90W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

### 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: 0 API Gravity Oil: 0

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: 7/3/2013 Email patty.johnson@oxbow.com

### Attachment Check List

Att Doc Num	Name
400443030	FORM 5A SUBMITTED
400443138	WIRELINE JOB SUMMARY
400443141	WELLBORE DIAGRAM

Total Attach: 3 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	This form 5A reporting COZZ/CRCRN as producing formation. Previous 5A reported this interval as WMFK (so is form 7 reporting)	8/23/2013 2:41:40 PM

Total: 1 comment(s)