

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: 400443030

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 Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 4940 Bottom: 5132 No. Holes: 104 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: [X] 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: 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: CORCORAN Status: SHUT IN Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 5108 Bottom: 5132 No. Holes: 96 Hole size: 38/100

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: _____ 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: 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): _____ 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: 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	COMPLETED INTERVAL REPORT
400443138	WIRELINE JOB SUMMARY
400443141	WELLBORE DIAGRAM
400472005	FORM 5A SUBMITTED

Total Attach: 4 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). Added tabs for COZZ and CRCRN.	8/23/2013 2:41:40 PM

Total: 1 comment(s)