

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:

400493100

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: 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 05-051-06071-00
6. County: GUNNISON
7. Well Name: HOTCHKISS FEDERAL 12-89
Well Number: 18-31
8. Location: QtrQtr: NWNE Section: 18 Township: 12S Range: 89W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 05/13/2007
Perforations Top: 2628 Bottom: 3078 No. Holes: 195 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

no new treatments. See comments.

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.

Comment:

Well was previously producing from perfs 2628-2688 and open hole from 3045-3135. 4" uncemented liner was installed on September 14, 2013. Top of liner @ 3024'; bottom of liner @ 3125'. Perf'd 3078-3076'; 3075-3072'; and 3072'-3055'. 132 new holes w/Owen hero 3 1/8 21 GM .37 EH 43.79PEN 60 deg phasing. Attached is a revised wellbore diagram and copies of the wireline ticket.

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

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400494256	WIRELINE JOB SUMMARY
400494272	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)