

FORM
5ARev
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:

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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: 19160 4. Contact Name: Dave Banko
 2. Name of Operator: CONOCO PHILLIPS COMPANY Phone: (303) 820-4480
 3. Address: P O BOX 2197 Fax: (303) 820-4124
 City: HOUSTON State: TX Zip: 77252-

5. API Number 05-005-07200-02 6. County: ARAPAHOE
 7. Well Name: Murphy Family 4-64 25 Well Number: 1H
 8. Location: QtrQtr: NWNW Section: 25 Township: 4S Range: 64W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/08/2013 End Date: 07/13/2013 Date of First Production this formation: 08/17/2013

Perforations Top: 7892 Bottom: 11909 No. Holes: 708 Hole size: 4/10

Provide a brief summary of the formation treatment: Open Hole: ☐

Frac 20 stages thru sliding sleeves with 4,319,465 gal (102,844 bbls) fresh water gel + 3,908,930 lbs sand proppant consisting of 3,414,288 lbs 20/40, 204477 lbs 40/70, 276,464 lbs 20/40CRC and 22,702 lbs 100 mesh.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 102844 Max pressure during treatment (psi): 8379

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.78

Total acid used in treatment (bbl): 524 Number of staged intervals: 20

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 15046

Fresh water used in treatment (bbl): 102844 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3866520 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/17/2013 Hours: 24 Bbl oil: 111 Mcf Gas: 225 Bbl H2O: 206

Calculated 24 hour rate: Bbl oil: 111 Mcf Gas: 225 Bbl H2O: 206 GOR: 2027

Test Method: Flow Casing PSI: 250 Tubing PSI: 0 Choke Size: 20/64

Gas Disposition: FLARED Gas Type: SHALE Btu Gas: 1432 API Gravity Oil: 38

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6829 Tbg setting date: 09/20/2013 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:

Frac component information has been entered at FracFocus.org.
API gravity shown is as analyzed at the time of the flow test. API gravities may vary by month.
Gas BTU content shown is an estimate based on nearby wells. The actual BTU content will be submitted to COGCC when the analysis is complete.

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

Signed: _____ Print Name: David F. Banko
Title: Permit Agent Date: _____ Email: dave@banko1.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)