

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



DE ET OE ES

Document Number:

400493314

Date Received:

10/22/2013

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: 10414
 2. Name of Operator: CASCADE PETROLEUM LLC
 3. Address: 1331 17TH STREET #400
 City: DENVER State: CO Zip: 80202
 4. Contact Name: Melissa Lasley
 Phone: (303) 407-6518
 Fax: (303) 407-6501

5. API Number 05-073-06492-00
 6. County: LINCOLN
 7. Well Name: FISHER
 Well Number: 13-9S-55W-01
 8. Location: QtrQtr: NENW Section: 13 Township: 9S Range: 55W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: CHEROKEE Status: ABANDONED WELLBORE/COMPLETION Treatment Type: ACID JOB
 Treatment Date: 04/29/2013 End Date: 05/14/2013 Date of First Production this formation:
 Perforations Top: 7500 Bottom: 7582 No. Holes: 240 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Cherokee A, B, C were perfed and treated with a small acid job. This formation was then temporarily plugged while further testing was done on other formation. This formation is now permanently plugged and abandoned.

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

Total fluid used in treatment (bbl): 347

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): 80

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 267

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: 05/13/2013 Hours: 24 Bbl oil: 3 Mcf Gas: 0 Bbl H2O: 50
 Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 0 Bbl H2O: 50 GOR: 0
 Test Method: Swabbing Casing PSI: Tubing PSI: Choke Size:
 Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 28
 Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Not economic

Date formation Abandoned: 07/31/2013 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: 7480 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____

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

Perforations Top: 4607 Bottom: 4613 No. Holes: 48 Hole size: 0.43

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

Formation was perfed and squeezed

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: 07/26/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 210

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 210 GOR: 0

Test Method: Swab Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: Not economic

Date formation Abandoned: 07/26/2013 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 50

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: <u>LANSING</u>		Status: <u>ABANDONED WELLBORE/COMPLETION</u>		Treatment Type: <u>ACID JOB</u>	
Treatment Date: <u>08/05/2013</u>		End Date: <u>08/06/2013</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7208</u>	Bottom: <u>7272</u>	No. Holes: <u>72</u>	Hole size: <u>0.43</u>	

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

Formation was treated with acid and water. 9bbbls acid and 50bbbls of water.

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

Total fluid used in treatment (bbl): <u>59</u>	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): <u>9</u>	Number of staged intervals: _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>50</u>	Disposition method for flowback: _____
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

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: Formation Swabbed dry. No fluid.

Date formation Abandoned: 08/08/2013 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 50

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: MARMATON Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 06/26/2013 End Date: 06/29/2013 Date of First Production this formation: 07/06/2013
Perforations Top: 7378 Bottom: 7394 No. Holes: 84 Hole size: 0.43

Provide a brief summary of the formation treatment:

Open Hole: ☐

Formation was treated with acid and water. 60bbbls acid and 160bbbls of water.

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

Total fluid used in treatment (bbl): 200

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): 60

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 160

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: 07/06/2013 Hours: 24 Bbl oil: 15 Mcf Gas: 6 Bbl H2O: 18

Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 1 Bbl H2O: 18 GOR: 0

Test Method: Pump Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: VENTED Gas Type: _____ Btu Gas: 1475 API Gravity Oil: 28

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:

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

Signed: _____ Print Name: Melissa Lasley

Title: Engineering Tech Date: 10/22/2013 Email: mlasley@cascadepetroleum.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400493314	FORM 5A SUBMITTED
400500095	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)