

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:

10/21/2013

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: 25255
2. Name of Operator: DUKE GAS COMPANY LLC
3. Address: 22500 COUNTY RD 24
City: VERNON State: CO Zip: 80755
4. Contact Name: BENNY CANTRALL
Phone: (970) 630-0385
Fax: (970) 630-0385

5. API Number 05-125-11942-00
6. County: YUMA
7. Well Name: CANTRALL
Well Number: 6-16
8. Location: QtrQtr: SESE Section: 6 Township: 1S Range: 44W Meridian: 6
9. Field Name: VERNON Field Code: 86500

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: _____
Treatment Date: 12/14/2010 End Date: _____ Date of First Production this formation: _____
Perforations Top: 2358 Bottom: 2392 No. Holes: 68 Hole size: 3/8
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

PERFORATED (11/29/2010) THE NIOBRARA FORMATION WITH 2 HOLES PER FOOT FOR 34 FEET. RAN CEMENT BOND GAMMA RAY COLLAR CORRELATION LOG.
WELL TREATED WITH COMMINGLED CARBON DIOXIDE. STIMULATION USED 501 CWT. OF DANIELS 16/30 AND 501 CWT. 12/20 SAND, 60 TON OF CARBON DIOXIDE AND 29600 GALLONS OF WATER. VENTED THE WELL FOR 113 HRS. RAN TEST.

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): 1032 Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: CARBON DIOXIDE 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): 740 Disposition method for flowback: _____
Total proppant used (lbs): 100200 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: 12/19/2010 Hours: 0 Bbl oil: 0 Mcf Gas: 910 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: _____
Test Method: CHOKE VOLUMN Casing PSI: 34 Tubing PSI: _____ Choke Size: 3/4
Gas Disposition: VENTED Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: WAITING FOR 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:

(0) ENTERED FOR ALL TEST INFORMATION FIELDS WHICH WERE OMITTED BY OPERATOR FOR SUBMISSION.

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

Signed: _____ Print Name: BENNY CANTRALL
Title: OWNER Date: 12/22/2010 Email: DCANTRALL@PLAINSTEL.COOP
:

Attachment Check List

Att Doc Num **Name**

1535796 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)