

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:

2171609

Date Received:

09/14/2012

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: 53790  
2. Name of Operator: MARKUS PRODUCTION, INC  
3. Address: 39 FAIRWAY LANE  
City: LITTLETON State: CO Zip: 80123  
4. Contact Name: MARK BROWN  
Phone: (303) 295-6910  
Fax:

5. API Number 05-087-08117-00  
6. County: MORGAN  
7. Well Name: NB-WICKSTROM-STATE  
Well Number: 33-16  
8. Location: QtrQtr: NWSE Section: 16 Township: 6N Range: 60W Meridian: 6  
9. Field Name: CRICKET Field Code: 13570

Completed Interval

FORMATION: D SAND Status: TEMPORARILY ABANDONED Treatment Type:  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: Bottom: No. Holes: Hole size:  
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: MINIMAL PRODUCTION COLUMES AND REMOVAL OF SURFACE TREATER EQUIPMENT.  
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: MARK E BROWN

Title: PRESIDENT Date: 9/13/2012 Email MARK@MARKPRODUCTION.COM  
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### **Attachment Check List**

**Att Doc Num**      **Name**

2171608	OTHER
2171609	CORRESPONDENCE

Total Attach: 2 Files

### **General Comments**

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

Permit	Spoke with operator and requested information again	6/19/2013 2:54:47 PM
Permit	Spoke with operator and requested information again (10/31/12).	12/13/2012 9:25:52 AM
Permit	On Hold. Pending mark Brown becoming a designated agent.	9/18/2012 2:40:06 PM

Total: 3 comment(s)