

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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

<u>Att Doc Num</u>	<u>Name</u>
2171608	OTHER
2171609	CORRESPONDENCE

Total Attach: 2 Files

### General Comments

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