

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:

400506686

Date Received:

11/05/2013

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 05-073-06498-00
6. County: LINCOLN
7. Well Name: MONKS
Well Number: A11-9S-56W-01
8. Location: QtrQtr: SESE Section: 11 Township: 9S Range: 56W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: CHEROKEE Status: ABANDONED WELLBORE/COMPLETION Treatment Type: ACID JOB
Treatment Date: 04/30/2013 End Date: 07/17/2013 Date of First Production this formation:
Perforations Top: 7745 Bottom: 7810 No. Holes: 186 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Perfed 3 sections for a total of 186 holes. Acid frac 181 bbls acid & 275 bbls water

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

Total fluid used in treatment (bbl): 456

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): 181

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 275

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: 07/22/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 139
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 139 GOR: 0
Test Method: swabbing 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 Economical

Date formation Abandoned: 07/23/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 7700 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: LANSING Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 07/27/2013 End Date: 07/24/2013 Date of First Production this formation: 08/14/2013
Perforations Top: 7362 Bottom: 7432 No. Holes: 144 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Perfed 7408-7432 and swabbed, no production, set RBP @ 7382 to perf higher up in the lansing. Perfed 7362-7368 and treated with acid job. 18bbbs acid & 57 bbls water.

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

Total fluid used in treatment (bbl): 75

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): 18

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 57

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: 08/14/2013 Hours: 24 Bbl oil: 30 Mcf Gas: 12 Bbl H2O: 284
Calculated 24 hour rate: Bbl oil: 30 Mcf Gas: 12 Bbl H2O: 284 GOR: 0
Test Method: Pumping Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: VENTED Gas Type: _____ Btu Gas: 1103 API Gravity Oil: 40
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: 11/5/2013 Email: mlasley@cascadepetroleum.com

Attachment Check List

Att Doc Num	Name
400506686	FORM 5A SUBMITTED
400507284	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)