

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: 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 [X] 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: [X]

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 [X] 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. 18bbls 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)