

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:

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: 10354
2. Name of Operator: DAKOTA EXPLORATION LLC
3. Address: 8801 S. YALE AVENUE, SUITE 120
City: TULSA State: OK Zip: 74137
4. Contact Name: Paul Collins
Phone: (918) 8068687
Fax: (918) 8068688

5. API Number 05-057-06510-00
6. County: JACKSON
7. Well Name: State Well Number: 6-81-24-4
8. Location: QtrQtr: NWNW Section: 24 Township: 6N Range: 81W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 10/02/2011 End Date: 10/02/2011 Date of First Production this formation: 05/19/2012
Perforations Top: 6254 Bottom: 6318 No. Holes: 180 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole:

Slickwater Frac

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 3217 Max pressure during treatment (psi): 7119
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 2459.00
Total acid used in treatment (bbl): 40 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 650
Fresh water used in treatment (bbl): 2903 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 107665 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/28/2011 Hours: 12 Bbl oil: 1 Mcf Gas: 0 Bbl H2O: 8
Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 0 Bbl H2O: 16 GOR: 0
Test Method: Pump Casing PSI: 30 Tubing PSI: 20 Choke Size: _____
Gas Disposition: VENTED Gas Type: DRY Btu Gas: 0 API Gravity Oil: 35
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6200 Tbg setting date: 05/26/2011 Packer Depth: _____

Reason for Non-Production: Downhole Pump is damaged and operating at below minimum efficiency required to effectively pump fluid level down. Ordered new high-compression pump. Pump was on back order per manufacturer due to specialty design of required pump type. Pump received 10/2013. Due to weather/availability of pulling unts in this area we will not be able to install new pump until spring of 2014.

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: Paul Collins
Title: Managing Manager Date: _____ Email: pcollins@dakotaexploration.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)