

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



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: 95620 2. Name of Operator: WESTERN OPERATING COMPANY 3. Address: 518 17TH ST STE 200 City: DENVER State: CO Zip: 80202 4. Contact Name: STEVEN D JAMES Phone: (303) 893-2432 Fax: (303) 629-5735

5. API Number 05-075-07416-00 6. County: LOGAN 7. Well Name: Stuarco State Well Number: 1 8. Location: QtrQtr: NWNE Section: 16 Township: 11N Range: 53W Meridian: 6 9. Field Name: HORN Field Code: 37400

Completed Interval

FORMATION: J SAND Status: ABANDONED WELLBORE/COMPLETION Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 5479 Bottom: 5485 No. Holes: 24 Hole size: 3 + 3/8

Provide a brief summary of the formation treatment: Open Hole: []

NONE

This formation is commingled with another formation: [] Yes [X] 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: 07/06/2012 Hours: 12 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 36 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 72 GOR: 0 Test Method: swab Casing PSI: Tubing PSI: Choke Size: Gas Disposition: VENTED Gas Type: WET Btu Gas: 0 API Gravity Oil: 0 Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: SWABBED MOSTLY WATER.

Date formation Abandoned: 08/28/2012 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 5396 ** Sacks cement on top: 2 ** 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: STEVEN D. JAMES
Title: PRESIDENT Date: 10/28/2013 Email: STEVE@WESTERNOOPERATING.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2157359	CEMENT JOB SUMMARY
2431317	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Oper. sub. cmt. tkt. for BP.	12/3/2013 10:47:24 AM
Permit	Oper. sub. test data and #holes. Req'd cement and/or wireline tkt for BP. Form 5 submitted & in data entry.	11/5/2013 12:34:24 PM
Permit	Need # holes for perms. Prod. test data?	11/5/2013 9:06:35 AM

Total: 3 comment(s)