

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:

2431317

Date Received:

10/31/2013

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: 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 ☒ 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 ☒ 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

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Attachment Check List

Att Doc Num

Name

2157359	CEMENT JOB SUMMARY
2431317	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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)