

FORM 5A
Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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400530850

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.

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| 1. OGCC Operator Number: <u>10213</u> | 4. Contact Name: <u>Dominic Bazile</u> |
| 2. Name of Operator: <u>DJ RESOURCES INC</u> | Phone: <u>(303) 595-7430</u> |
| 3. Address: <u>1600 BROADWAY #1960</u> | Fax: _____ |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>DBazile@djrlc.com</u> |

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| 5. API Number <u>05-123-33198-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>Crow Valley 7-62-32</u> | Well Number: <u>1M</u> |
| 8. Location: QtrQtr: <u>NESE</u> Section: <u>32</u> Township: <u>7N</u> Range: <u>62W</u> Meridian: <u>6</u> | |
| 9. Field Name: _____ | Field Code: _____ |

Completed Interval

FORMATION: NIOBRARA Status: SHUT IN Treatment Type: _____

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

Perforations Top: 6616 Bottom: 6774 No. Holes: 15 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

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: 07/20/2011 Hours: _____ Bbl oil: 0 Mcf Gas: 0 Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: _____ GOR: _____

Test Method: Pumped Water Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: Tested for formation evaluation. Drilled as a monitoring well, currently shut in.

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.

FORMATION: SHARON SPRINGS Status: SHUT IN Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 6570 Bottom: 6571 No. Holes: 3 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 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: 07/27/2011 Hours: _____ Bbl oil: 0 Mcf Gas: 0 Bbl H2O: _____
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: _____ GOR: _____
 Test Method: Pumped water Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production: Tested for formation evaluation. Drilled as a monitoring well, currently shut in.
 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:
Perforated and pumped into for formation evaluation test in 2011. Water pumped into formation to test leak off, pressure and permeability. Three shots per foot. Cast iron bridge plug. No cement.
 Lincoln Limestone formation also tested at 7055 feet to 7056 feet on 6/21/2011.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: Erin Bibeau
 Title: Environmental Scientist Date: _____ Email: ebibeau@golder.com

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
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Total: 0 comment(s)