

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



DE ET OE ES

Document Number:

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

5. API Number 05-123-33198-00
6. County: WELD
7. Well Name: Crow Valley 7-62-32
Well Number: 1M
8. Location: QtrQtr: NESE Section: 32 Township: 7N Range: 62W Meridian: 6
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**

Total: 0 comment(s)