

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:

2089692

Date Received:

01/31/2014

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: 31257
2. Name of Operator: FRITZLER RESOURCES INC
3. Address: P O BOX 114
City: FORT MORGAN State: CO Zip: 80701
4. Contact Name: GENE FRITZLER
Phone: (970) 8679388
Fax: (866) 4374804
Email: GFRITZLER@BRESNAN.NET

5. API Number 05-121-11023-00
6. County: WASHINGTON
7. Well Name: AGNAS FRIEDLY
Well Number: 1
8. Location: QtrQtr: SWNW Section: 5 Township: 2N Range: 51W Meridian: 6
9. Field Name: SIOUX Field Code: 77550

Completed Interval

FORMATION: D SAND Status: ABANDONED WELLBORE/COMPLETION Treatment Type:
Treatment Date: 06/10/2013 End Date: 06/11/2013 Date of First Production this formation:
Perforations Top: 4439 Bottom: 4445 No. Holes: 24 Hole size: 3/8
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: DISPOSAL
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: 06/10/2013 Hours: 1 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 5
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 120 GOR: 0
Test Method: SWAB Casing PSI: 20 Tubing PSI: 0 Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 4440 Tbg setting date: 06/10/2013 Packer Depth:
Reason for Non-Production: TRACE OF GAS- UNECONOMICAL
Date formation Abandoned: 06/12/2013 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
** Bridge Plug Depth: 4437 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: GENE FRITZLER

Title: VP Date: 1/29/2014 Email: GFRITZLER@BRESNAN.NET
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Attachment Check List

Att Doc Num **Name**

2089692	FORM 5A SUBMITTED
2089693	WIRELINE JOB SUMMARY
2089694	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)