

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:

400554707

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: <u>10453</u>	4. Contact Name: <u>Christopher Noonan</u>
2. Name of Operator: <u>CCI PARADOX UPSTREAM LLC</u>	Phone: <u>(303) 563-5377</u>
3. Address: <u>600 17TH STREET #1900S</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>christopher.noonan@cci.com</u>

5. API Number <u>05-113-06238-00</u>	6. County: <u>SAN MIGUEL</u>
7. Well Name: <u>ANDY'S MESA FED</u>	Well Number: <u>65</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>28</u> Township: <u>44N</u> Range: <u>16W</u> Meridian: <u>N</u>	
9. Field Name: <u>ANDY'S MESA</u> Field Code: <u>2500</u>	

Completed Interval

FORMATION: CUTLER Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 02/06/2014
Perforations Top: 5585 Bottom: 5931 No. Holes: 304 Hole size: 17/50
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

CCI has completed operations to add additional intervals to the Cutler formation. Production has been commingled with the existing Hermosa group.

Perforated intervals:

5585 - 5595 - 10 ft w/ 40 holes

5600 - 5625 - 25 ft w/ 100 holes

5845 - 5853 - 8 ft w/ 32 holes

5864 - 5883 - 19 ft w/ 76 holes

5912 - 5916 - 4 ft w/ 16 holes

5921 - 5931 - 10 ft w/ 40 holes

Total of 76 feet with 304 holes (4 spf .34 in diameter).

Well returned to sales on 2/6/2014 flowing 150 Mcf per day.

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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ 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: _____

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: _____

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

Signed: _____ Print Name: Christopher Noonan
Title: Ops. & Technical Services Date: _____ Email: christopher.noonan@cci.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)