

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:
400562177

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>57667</u>	4. Contact Name: <u>CLAYTON DOKE</u>
2. Name of Operator: <u>MINERAL RESOURCES, INC.</u>	Phone: <u>(720) 420-5700</u>
3. Address: <u>PO BOX 328</u>	Fax: <u>(720) 420-5800</u>
City: <u>GREELEY</u> State: <u>CO</u> Zip: <u>80632</u>	Email: <u>clay.doke@iptenergyservices.com</u>

5. API Number <u>05-123-24211-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DISTRICT SIX</u>	Well Number: <u>C6</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>20</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/03/2011 End Date: 04/03/2011 Date of First Production this formation: _____
Perforations Top: 8124 Bottom: 8134 No. Holes: 40 Hole size: 042/100

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

Re-frac CODL w/ 149,646 gal fluid and 300,120# 20/40 sand (22,957 gal SW, 126,689 gal xlink gel)
ISIP=1975, ISDP=3880, ATP=4036, ATR=21.2

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3563 Max pressure during treatment (psi): 5393

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.72

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 540

Fresh water used in treatment (bbl): 3563 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 300120 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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/12/2011

Perforations Top: 7828 Bottom: 8134 No. Holes: 88 Hole size: 042/100

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: 04/24/2011 Hours: 24 Bbl oil: 28 Mcf Gas: 103 Bbl H2O: 24

Calculated 24 hour rate: Bbl oil: 28 Mcf Gas: 103 Bbl H2O: 24 GOR: 3678

Test Method: FLOWING Casing PSI: 1540 Tubing PSI: 1420 Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1272 API Gravity Oil: 63

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8108 Tbg setting date: 07/22/2011 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/03/2011 End Date: 04/03/2011 Date of First Production this formation:
Perforations Top: 7828 Bottom: 7964 No. Holes: 48 Hole size: 042/100

Provide a brief summary of the formation treatment: Open Hole: []

Perf. Frac NBRR A [7,828'-7,834'] & NBRR B [7,958'-7,964'] w/ 181,159 gal fluid (70,237 gal SLKW, 110,922 gal XLG)& 295,620# sand (241,500# 20/40 & 54,120# 40/70) ISIP=3550, ISDP=3820, ATP=5320, ATR=49.3

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 4313 Max pressure during treatment (psi): 5921
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 10.00
Type of gas used in treatment: Min frac gradient (psi/ft): 0.97
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 540
Fresh water used in treatment (bbl): 4313 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 295620 Rule 805 green completion techniques were utilized: [X]

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: CLAYTON DOKE
Title: SENIOR ENGINEER Date: Email clay.doke@iptenergyservices.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400562266, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)