

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: 400562404

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

5. API Number 05-123-24175-00 6. County: WELD
 7. Well Name: WHEELER Well Number: D3
 8. Location: QtrQtr: NENE Section: 20 Township: 5N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/02/2011 End Date: 04/02/2011 Date of First Production this formation: _____
 Perforations Top: 8256 Bottom: 8266 No. Holes: 40 Hole size: 042/100

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

Re-Frac CODL w/ 145,404 gal fluid and 301,140# 20/40 sand (32,067 gal SW, 113,337 gal xlink gel) ISIP=3050, ISDP=3750, ATP=3945, ATR=19.1

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3462 Max pressure during treatment (psi): 4132
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.29
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.87
 Total acid used in treatment (bbl): 0 Number of staged intervals: 1
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 378
 Fresh water used in treatment (bbl): 3462 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 301140 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: 04/15/2011

Perforations Top: 7946 Bottom: 8266 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: 05/03/2011 Hours: 24 Bbl oil: 25 Mcf Gas: 112 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 25 Mcf Gas: 112 Bbl H2O: 2 GOR: 4480

Test Method: FLOWING Casing PSI: 1790 Tubing PSI: 1350 Choke Size: 014/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1272 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8220 Tbg setting date: 04/25/2011 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: 04/02/2011 End Date: 04/02/2011 Date of First Production this formation:
Perforations Top: 7946 Bottom: 8082 No. Holes: 48 Hole size: 042/100

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

Perf. NBRR A [7,946'-7,952'] & NBRR B [8,076'-8,082'], Re-frac w/ 256,830 gal fluid (158,634 gal SW, 98,196 gal xlink gel) and 293,500# Sand (241,500# 20/40 & 53,800# 40/70) ISIP=3778, ISDP=3889, ATP=5169, ATR=49.9

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

Total fluid used in treatment (bbl): 6115 Max pressure during treatment (psi): 5879
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 10.70
Type of gas used in treatment: Min frac gradient (psi/ft): 0.99
Total acid used in treatment (bbl): 0 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 378
Fresh water used in treatment (bbl): 6115 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 293 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: 400562419, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)