

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:

400573678

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: 75027
2. Name of Operator: ROSEWOOD RESOURCES INC
3. Address: 2101 CEDAR SPRINGS RD STE 1500
City: DALLAS State: TX Zip: 75201
4. Contact Name: Stacey Owston
Phone: (970) 848-2228x102
Fax: (970) 848-2245
Email: sowston@rosewd.com

5. API Number 05-125-11943-00
6. County: YUMA
7. Well Name: P Brophy
Well Number: 12-05 3N46W
8. Location: QtrQtr: SWNW Section: 5 Township: 3N Range: 46W Meridian: 6
9. Field Name: WAVERLY Field Code: 90775

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/13/2012 End Date: 01/13/2012 Date of First Production this formation: 01/23/2012

Perforations Top: 2588 Bottom: 2614 No. Holes: 104 Hole size: 3 + 1/8

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

FRAC'D W/ 30# GEL & 70 QUALITY MAV FOAM, 100,060# OF 16/30 DANIELS SAND W/ 470,000 SCF N2

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: 01/19/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 257 Bbl H2O: 24

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 247 Bbl H2O: 12 GOR: 0

Test Method: Flow Casing PSI: 37 Tubing PSI: _____ Choke Size: 28/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1000 API Gravity Oil: 0

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:

As built data submitted to Larry Coler.

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

Signed: _____

Print Name: Stacey Owston

Title: Administrative Assistant

Date: _____

Email sowston@rosewd.com

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Attachment Check List

Att Doc Num

Name

400573722

COMPLETED INTERVAL REPORT

400573735

OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)