

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400437702

Date Received:

06/24/2013

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
2. Name of Operator: MINERAL RESOURCES, INC.
3. Address: PO BOX 328
City: GREELEY State: CO Zip: 80632
4. Contact Name: CLAYTON DOKE
Phone: (303) 216-0703
Fax: (303) 216-2139
Email: cdoke@iptengineers.com

5. API Number 05-123-34640-00
6. County: WELD
7. Well Name: Westmoor 5
Well Number: 2-6-2
8. Location: QtrQtr: SENE Section: 2 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/14/2013 End Date: 02/14/2013 Date of First Production this formation:

Perforations Top: 8145 Bottom: 8163 No. Holes: 72 Hole size: 045/100

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

4,315 bbls total fluid, 317,871# 20/40 & 30/50 Sand

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 4315

Max pressure during treatment (psi): 4820

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 0.25

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 24

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 3452

Fresh water used in treatment (bbl): 3955

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 317871

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

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: 02/23/2013	
Perforations	Top: 7818	Bottom: 8163	No. Holes: 132	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/>		
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 02/23/2013	Hours: 24	Bbl oil: 144	Mcf Gas: 617	Bbl H2O: 80	
Calculated 24 hour rate:	Bbl oil: 144	Mcf Gas: 617	Bbl H2O: 80	GOR: 4284	
Test Method: FLOWING	Casing PSI: _____	Tubing PSI: _____	Choke Size: 012/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1301	API Gravity Oil: 58		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 8124	Tbg setting date: 04/12/2013	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 02/14/2013 End Date: 02/14/2013 Date of First Production this formation: _____

Perforations Top: 7818 Bottom: 7975 No. Holes: 60 Hole size: 045/100

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

3,401 bbls total fluid used, 250,540# 20/40 & 30/50 Sand

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3401 Max pressure during treatment (psi): 4964

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.25

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.62

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 2721

Fresh water used in treatment (bbl): 3263 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 250540 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

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: 6/24/2013 Email: cdoke@iptengineers.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400437702	FORM 5A SUBMITTED
400437718	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Sunday approved (doc 400575433) correcting formation tops improperly reported on form 5.	3/24/2014 11:02:16 AM
Permit	Requested clarification on perms from opr. Form on Hold.	9/16/2013 1:49:57 PM
Permit	On hold.Perfs do not line up with formation tops.	7/3/2013 1:58:02 PM

Total: 3 comment(s)