

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:

400562341

Date Received:

02/27/2014

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: (720) 420-5700
Fax: (720) 420-5800
Email: clay.doke@iptenergyservices.com

5. API Number 05-123-24197-00
6. County: WELD
7. Well Name: DRIFTWOOD
Well Number: D1
8. Location: QtrQtr: NENE Section: 20 Township: 5N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/02/2011 End Date: 04/02/2011 Date of First Production this formation: 04/30/2011

Perforations Top: 7476 Bottom: 7486 No. Holes: 40 Hole size: 042/100

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

Re-frac CODL w/ 129,570 gal fluid and 252,300# 20/40 sand (31,836 gal SW, 97,734 gal xlink gel)
ISIP=2605, ISDP=3970, ATP=5719, ATR=51.9

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

Total fluid used in treatment (bbl): 3085 Max pressure during treatment (psi): 5935

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.80

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 8.34

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 400

Fresh water used in treatment (bbl): 3085 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 252300 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/22/2011 Hours: 24 Bbl oil: 12 Mcf Gas: 167 Bbl H2O: 17

Calculated 24 hour rate: Bbl oil: 12 Mcf Gas: 167 Bbl H2O: 17 GOR: 13916

Test Method: FLOWING Casing PSI: 1850 Tubing PSI: 1500 Choke Size: 012/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7463 Tbg setting date: 04/20/2011 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.

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: 2/27/2014 Email cdoke@iptengineers.com
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Attachment Check List

Att Doc Num **Name**

400562341	FORM 5A SUBMITTED
400562350	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)