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: 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 05-123-24175-00
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: ☒ 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): 293500 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.

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: clay.doke@iptenergyservices.com

Attachment Check List

Att Doc Num	Name
400562404	FORM 5A SUBMITTED
400562419	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)