

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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, reoperation 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 05-123-22868-00
6. County: WELD
7. Well Name: HIGHWAY 85-1 Well Number: B12
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: 03/31/2011 End Date: 03/31/2011 Date of First Production this formation:
Perforations Top: 7184 Bottom: 7194 No. Holes: 40 Hole size: 042/100

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

Re-frac CODL w/ w/ 128,100 gal fluid and 250,200# 20/40 sand (31,920 gal SW, 96,180 gal xlink gel), 1000 gals 15% HCl ISIP=2930, ISDP=3880, ATP=4036, ATR=21.2

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

Total fluid used in treatment (bbl): 3074 Max pressure during treatment (psi): 5528
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 0.85
Total acid used in treatment (bbl): 24 Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 350
Fresh water used in treatment (bbl): 3050 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 250200 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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 04/09/2011

Perforations Top: 6883 Bottom: 7194 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: 04/19/2011 Hours: 24 Bbl oil: 26 Mcf Gas: 274 Bbl H2O: 41

Calculated 24 hour rate: Bbl oil: 26 Mcf Gas: 274 Bbl H2O: 41 GOR: 10538

Test Method: FLOWING Casing PSI: 1900 Tubing PSI: 1700 Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1294 API Gravity Oil: 62

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7167 Tbg setting date: 07/20/2011 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/31/2011 End Date: 03/31/2011 Date of First Production this formation:
Perforations Top: 6883 Bottom: 7014 No. Holes: 48 Hole size: 042/100

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

Perf. Frac NBRR A [6,883'-6,889'] & NBRR B [7,008'-7,014'] w/ 220,878 gal fluid (125,412 gal SLKW, 95,466 gal XLG)& 297,150# sand (243,400# 20/40 & 53,750# 40/70) ISIP=3520, ISDP=3550, ATP=4857, ATR=53.7

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

Total fluid used in treatment (bbl): 5259 Max pressure during treatment (psi): 5223

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 9.98

Type of gas used in treatment: Min frac gradient (psi/ft): 0.95

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

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 350

Fresh water used in treatment (bbl): 5259 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 297150 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: 2/27/2014 Email clay.doke@iptenergyservices.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 400562482 FORM 5A SUBMITTED, 400562493 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)