

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:  
400588007

Date Received:  
04/25/2014

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: <u>55575</u>	4. Contact Name: <u>Reed Fischer</u>
2. Name of Operator: <u>MCELVAIN ENERGY INC</u>	Phone: <u>(303) 893-0933</u>
3. Address: <u>1050 17TH ST STE 2500</u>	Fax: <u>(303) 893-0914</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80265-</u>	Email: <u>Reed.Fischer@McElvain.com</u>

5. API Number <u>05-067-09896-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>Pargin Ranch</u>	Well Number: <u>11</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>36</u> Township: <u>33N</u> Range: <u>7W</u> Meridian: <u>N</u>	
9. Field Name: <u>IGNACIO BLANCO</u> Field Code: <u>38300</u>	

### Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/25/2014 End Date: 03/28/2014 Date of First Production this formation: 04/11/2014

Perforations Top: 2680 Bottom: 2730 No. Holes: 96 Hole size: 0.43

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

Perf 2730-2720 750 gal 15% HCL, 5590# 20/40 brwn sand & 28881# 16/30 SLC w/ 1130.7 bbls Lighting 20 Cross link.  
Perf 2710-2704 500 gal 15% HCL, 6675# 20/40 brwn sand & 67700# 16/30 SLC w/ 1429.1 bbls Lighting 20 Cross Link  
Perf 2697-2680 750 gal 15% HCL, 4255# 24/40 brwn sand & 84894# 16/30 SLC w/ 1489.3 bbls Lighting 20 Cross link

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 4049 Max pressure during treatment (psi): 3047

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 1.55

Total acid used in treatment (bbl): 47 Number of staged intervals: 3

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

Fresh water used in treatment (bbl): 4049 Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): 197995 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 04/16/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 484 Bbl H2O: 57

Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: 484 Bbl H2O: 57 GOR: 0

Test Method: PU Casing PSI: 150 Tubing PSI: 15 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: \_\_\_\_\_ Btu Gas: 1123 API Gravity Oil: 0

Tubing Size: 2.875 Tubing Setting Depth: 2843 Tbg setting date: 04/02/2014 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: Deborah Powell

Title: Eng Tech Manager Date: 4/25/2014 Email: DebbyP@McElvain.com

### Attachment Check List

Att Doc Num	Name
400588007	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)