

**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:  
400611645

Date Received:

**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>10449</u>	4. Contact Name: <u>Clay Doke</u>
2. Name of Operator: <u>TRITON ENERGY SERVICES LLC</u>	Phone: <u>(720) 420-5700</u>
3. Address: <u>2850 MCCLELLAND DRIVE STE 2400</u>	Fax: _____
City: <u>FORT COLLINS</u> State: <u>CO</u> Zip: <u>80525</u>	Email: <u>clay.doke@iptenergyservices.com</u>

5. API Number <u>05-123-37120-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>TRITON</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>23</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u>	Field Code: <u>90750</u>

### Completed Interval

FORMATION: DENVER BASIN COMBINED DISPOSAL ZONE Status: SHUT IN Treatment Type: ACID JOB

Treatment Date: 06/04/2014 End Date: 06/04/2014 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 8953 Bottom: 10702 No. Holes: 100 Hole size: \_\_\_\_\_

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

Slotted Liner set with Top at 8850', but top 2 joints are not slotted so beginning of Slotted is at 8953'. Number of holes is just a place holder that this e-Form required as this is slotted liner.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 294640 Max pressure during treatment (psi): 1857  
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): 5024 Number of staged intervals: \_\_\_\_\_  
Recycled water used in treatment (bbl): 2002 Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): 287614 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: \_\_\_\_\_ 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: 4 + 1/2 Tubing Setting Depth: 8840 Tbg setting date: 06/17/2014 Packer Depth: 8840

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: Paul Gottlob  
Title: Regulatory & Engin. Tech. Date: \_\_\_\_\_ Email: paul.gottlob@iptenergyservices.com

### Attachment Check List

Att Doc Num	Name
400629449	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)