

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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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: 10446  
2. Name of Operator: MUSTANG CREEK OPERATING LLC  
3. Address: 5251 DTC PARKWAY #800  
City: GREENWOOD State: CO Zip: 80111  
4. Contact Name: Kimberly Rodell  
Phone: (303) 942-0506  
Fax:  
Email: krodell@upstreampm.com

5. API Number 05-041-06082-00  
6. County: EL PASO  
7. Well Name: Graham  
Well Number: 1-13  
8. Location: QtrQtr: NWSW Section: 1 Township: 13S Range: 60W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: TEMPORARILY ABANDONED Treatment Type:

Treatment Date: 04/29/2014 End Date: 05/02/2014 Date of First Production this formation:

Perforations Top: 5222 Bottom: 5226 No. Holes: 0 Hole size:

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

This formation has not had any treatment or stimulation.

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: 04/19/2014 Hours: 168 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: swabbed Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Dry hole.

Date formation Abandoned: 05/05/2014 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:

Data for the remaining formations is being compiled and Completed Interval Reports will be filed shortly.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Kimberly J. Rodell

Title: Permit Agent

Date: \_\_\_\_\_

Email: krodell@upstreampm.com

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### **Attachment Check List**

**Att Doc Num**      **Name**

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Total Attach: 0 Files

### **General Comments**

**User Group**      **Comment**

**Comment Date**

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Total: 0 comment(s)