

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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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: 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
:

Attachment Check List

Att Doc Num **Name**

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User Group **Comment** **Comment Date**

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