

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: 10516 4. Contact Name: HEIDI BANG
 2. Name of Operator: LINN OPERATING INC Phone: (303) 999-4262
 3. Address: 1999 BROADWAY SUITE 3700 Fax: (303) 999-4362
 City: DENVER State: CO Zip: 80202 Email: HBANG@LINNENERGY.COM

5. API Number 05-045-13689-00 6. County: GARFIELD
 7. Well Name: LATHAM Well Number: 32-30D
 8. Location: QtrQtr: NWNW Section: 32 Township: 5S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/15/2009 End Date: 09/29/2009 Date of First Production this formation: 09/29/2009

Perforations Top: 7722 Bottom: 9536 No. Holes: 222 Hole size: _____

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

Cleaned out fill to a hard tag at 9675'

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: 07/24/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1116 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1116 Bbl H2O: 0 GOR: _____
 Test Method: Flowing Casing PSI: 1225 Tubing PSI: 700 Choke Size: 24/64
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1060 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 9141 Tbg setting date: 08/05/2014 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:

This is a revised form due to the tubing repair that was performed on 8/5/14.

Tubing depth has changed from 9370 to 9140.52

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

Signed: _____

Print Name: HEIDI BANG

Title: FIELD ADMIN 2

Date: _____

Email HBANG@LINNENERGY.COM

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400677384	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)