

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:

400690163

Date Received:

09/17/2014

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: 10467
2. Name of Operator: TABULA RASA ENERGY LLC
3. Address: 12012 WICKCHESTER LANE #660
City: HOUSTON State: TX Zip: 77079
4. Contact Name: Bob Sutherland
Phone: (281) 668-8488
Fax:
Email: bobs@tr-energy.net

5. API Number 05-055-06142-00
6. County: HUERFANO
7. Well Name: HARRY WILLIS
Well Number: 1
8. Location: QtrQtr: SENE Section: 4 Township: 29S Range: 69W Meridian: 6
9. Field Name: OAKDALE Field Code: 60610

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 08/01/2006
Perforations Top: 5248 Bottom: 5388 No. Holes: 380 Hole size: 4/10
Provide a brief summary of the formation treatment: Open Hole: ☐
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: 04/07/1997 Hours: 24 Bbl oil: 0 Mcf Gas: 6200 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 6200 Bbl H2O: 0 GOR:
Test Method: Flowing Casing PSI: 0 Tubing PSI: 1100 Choke Size: 32/64
Gas Disposition: VENTED Gas Type: WET Btu Gas: 358 API Gravity Oil: 0
Tubing Size: 3 + 1/2 Tubing Setting Depth: 5183 Tbg setting date: 10/23/2003 Packer Depth: 5175
Reason for Non-Production: 100 percent CO2 gas composition. Cannot be commingled with hydrocarbon bearing Dakota formation.
Date formation Abandoned: Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt
** Bridge Plug Depth: ** Sacks cement on top: 0 ** Wireline and Cement Job Summary must be attached.

Comment:

Please include Kimberly J. Rodell in all e-mail correspondence for this Completed Interval Report. Thank you.

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: 9/17/2014 Email krodell@upstreampm.com
:

Attachment Check List

Att Doc Num **Name**

400690163	FORM 5A SUBMITTED
400690271	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

--	--	--

Total: 0 comment(s)