

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 10244 2. Name of Operator: BLACK DIAMOND MINERALS LLC 3. Address: 1301 MCKINNEY ST STE 2100 City: HOUSTON State: TX Zip: 77010 4. Contact Name: Jamey Brumley Phone: (303) 973-3228 Fax: (303) 346-4893 Email: jbrumley@bdminerals.com

5. API Number 05-045-16949-00 6. County: GARFIELD 7. Well Name: TPR 8. Location: QtrQtr: NWSE Section: 36 Township: 7S Range: 94W Meridian: 6 9. Field Name: ABBOTT NORTH Field Code: 302

Completed Interval

FORMATION: GREEN RIVER Status: TEMPORARILY ABANDONED Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: Bottom: No. Holes: Hole size: 0 Provide a brief summary of the formation treatment: Open Hole: []

No formation treatment

This formation is commingled with another formation: [] Yes [X] 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: 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: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Well is not completed.

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 well had conductor casing (0'-112') and surface casing set (0' - 1413') in the Green River Shale. There have been no perforations, stimulations, or completion work to date.

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

Signed: _____ Print Name: Mary C. Griggs

Title: Reg/Environ. Compliance Date: 10/10/2013 Email mgriggs@badminerals.com

Attachment Check List

Att Doc Num **Name**

400493675	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

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

Agency	Passes Permitting. No attempt to complete ever made; no perfs, no stimulation, no tests.	9/22/2014 3:35:19 PM
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Total: 1 comment(s)