

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: 400689204

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: 10440 4. Contact Name: Ed Jones
 2. Name of Operator: AURORA POWER RESOURCES INC Phone: (713) 899-8103
 3. Address: 4645 SWEETWATER BLVD STE 200 Fax: _____
 City: SUGAR LAND State: TX Zip: 77479 Email: jejones@aurorapower.com

5. API Number 05-087-08178-00 6. County: MORGAN
 7. Well Name: David Bender Well Number: 1A
 8. Location: QtrQtr: NWSW Section: 12 Township: 4N Range: 60W Meridian: 6
 9. Field Name: BIJOU WEST Field Code: 6730

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: ACID JOB
 Treatment Date: 04/10/2014 End Date: 04/23/2014 Date of First Production this formation: 05/02/2014
 Perforations Top: 6353 Bottom: 6369 No. Holes: 64 Hole size: 41/100

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

Pumped 24 bbl 50% 7-1/2% HCl/10% Acetic acid blend and displaced with 37 bbl 3% KCl water to "break down" formation on 4/10/14. On 4/23/14, hydraulically fractured with 518 bbl 3% KCl water (including displacement) w/23, 750 # 20/40 sand at rates up to 11 BPM, but screened out with sand in tubing (hence high pressure).

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 579 Max pressure during treatment (psi): 5031
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.50
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.60
 Total acid used in treatment (bbl): 24 Number of staged intervals: 1
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 55
 Fresh water used in treatment (bbl): 555 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 23750 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/24/2014 Hours: 24 Bbl oil: 3 Mcf Gas: _____ Bbl H2O: 8
 Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 0 Bbl H2O: 8 GOR: 0
 Test Method: Pump Casing PSI: 0 Tubing PSI: 0 Choke Size: _____
 Gas Disposition: FLARED Gas Type: WET Btu Gas: _____ API Gravity Oil: 34
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 6371 Tbg setting date: 05/07/2014 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:

Please contact Ed Jones with Aurora at jejones@aurorapower.com with a cc to Kim Rodell at krodell@upstreampm.com. 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: Kim Rodell

Title: Permit Agent Date: _____ Email krodell@upstreampm.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400689233	WELLBORE DIAGRAM
400689235	WIRELINE JOB SUMMARY
400689236	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)