

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: 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 05-087-08177-00 6. County: MORGAN  
 7. Well Name: Ehrlich 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: J SAND Status: PRODUCING Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 6506 Bottom: 6518 No. Holes: 42 Hole size: 41/100

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

No treatment after perforating - natural completion.

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: 08/20/2014 Hours: 24 Bbl oil: 7 Mcf Gas: \_\_\_\_\_ Bbl H2O: 105  
 Calculated 24 hour rate: Bbl oil: 7 Mcf Gas: 0 Bbl H2O: 105 GOR: 0  
 Test Method: Pump Casing PSI: 0 Tubing PSI: 0 Choke Size: \_\_\_\_\_  
 Gas Disposition: FLARED Gas Type: WET Btu Gas: 0 API Gravity Oil: 36  
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 6535 Tbg setting date: 04/24/2014 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 send all questions to Ed Jones at [jejones@aurorapower.com](mailto:jejones@aurorapower.com) with a copy to [krodell@upstreampm.com](mailto: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: Kimberly Rodell

Title: Permit Agent Date: \_\_\_\_\_ Email: [krodell@upstreampm.com](mailto:krodell@upstreampm.com)  
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### **Attachment Check List**

**Att Doc Num**      **Name**

400702665	WELLBORE DIAGRAM
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Total Attach: 1 Files

### **General Comments**

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

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Total: 0 comment(s)