

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:

2432960

Date Received:

02/07/2014

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: 82440
2. Name of Operator: STEHLE OIL COMPANY
3. Address: P O BOX 1577
City: CRAIG State: CO Zip: 81626
4. Contact Name: CARY STEHLE
Phone: (970) 8246909
Fax:
Email: STACIEWS@YAHOO.COM

5. API Number 05-081-06501-00
6. County: MOFFAT
7. Well Name: ILES DOME
Well Number: 3
8. Location: QtrQtr: NWNE Section: 23 Township: 4N Range: 92W Meridian: 6
9. Field Name: ILES Field Code: 39041

Completed Interval

FORMATION: CURTIS Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 08/31/1984
Perforations Top: 3559 Bottom: 3575 No. Holes: 64 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐

9/14/84 3320-3330 2CHOLES

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: 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:
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:

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

Signed: _____ Print Name: CARY STEHLE

Title: OWNER OPERATOR Date: 1/27/2014 Email STACIEWS@YAHOO.COM
:

Attachment Check List

Att Doc Num **Name**

2432960	FORM 5A SUBMITTED
2432961	WIRELINE JOB SUMMARY
2432962	CORRESPONDENCE

Total Attach: 3 Files

General Comments

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

Permit	Passes Permtting: This well appears to have been shut-in since 1984 -well record looks like it never produced any hydrocarbon.	10/29/2014 9:59:44 AM
--------	--	--------------------------

Total: 1 comment(s)