

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: 400723528

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: 10396 4. Contact Name: Desiree Arrambide
 2. Name of Operator: SOUTHWESTERN ENERGY PRODUCTION Phone: (281) 618-6107
 3. Address: 2350 N SAM HOUSTON PKWY EAST #125 Fax: _____
 City: HOUSTON State: TX Zip: 77032 Email: desiree_arambide@swn.com

5. API Number 05-001-09804-00 6. County: ADAMS
 7. Well Name: LINNEBUR FLYING SERVICE 3-61 Well Number: 1-30
 8. Location: QtrQtr: SWNE Section: 30 Township: 3S Range: 61W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: ATOKA Status: ABANDONED Treatment Type: FRACTURE STIMULATION
WELLBORE/COMPLETION

Treatment Date: 09/12/2014 End Date: 09/12/2014 Date of First Production this formation: 10/01/2014
 Perforations Top: 10455 Bottom: 10465 No. Holes: 60 Hole size: 42

Provide a brief summary of the formation treatment: Open Hole:
Frac Atoka with 1 stage, 31 bbls 15% HCl & 2813 bbls gel water w/4% KCl, 23,000 lbs of 40/70 & 20/40 white sand.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 2813 Max pressure during treatment (psi): 8434
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.54
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.95
 Total acid used in treatment (bbl): 31 Number of staged intervals: 1
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 948
 Fresh water used in treatment (bbl): 2798 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 23000 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: 10/06/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 1 Bbl H2O: 14
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1 Bbl H2O: 14 GOR: 0
 Test Method: pump Casing PSI: 55 Tubing PSI: 3 Choke Size: 48
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0
 Tubing Size: 2 + 5/8 Tubing Setting Depth: 10531 Tbg setting date: 09/22/2014 Packer Depth: _____

Reason for Non-Production: Dry Hole

Date formation Abandoned: 10/31/2014 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 10405 ** Sacks cement on top: 50 ** 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: Desiree Arrambide

Title: Regulatory Analyst Date: _____ Email: desiree_Arrambide@swn.com
:

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|----------------------|
| 400723577 | WELLBORE DIAGRAM |
| 400723586 | NET PRESSURE CHART |
| 400723587 | CEMENT JOB SUMMARY |
| 400723595 | WIRELINE JOB SUMMARY |

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)