

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: 95620
2. Name of Operator: WESTERN OPERATING COMPANY
3. Address: 518 17TH ST STE 200
City: DENVER State: CO Zip: 80202
4. Contact Name: Scott Stapp
Phone: (303) 8932438
Fax: (303) 6295735
Email: scott@westernoperating.com

5. API Number 05-075-08391-00
6. County: LOGAN
7. Well Name: EMERALD
Well Number: 2-35
8. Location: QtrQtr: NWSW Section: 35 Township: 9N Range: 54W Meridian: 6
9. Field Name: EMERALD Field Code: 20750

Completed Interval

FORMATION: DAKOTA-JSND Status: INJECTING Treatment Type: ACID JOB

Treatment Date: End Date: Date of First Production this formation: 07/01/1974

Perforations Top: 5208 Bottom: 5245 No. Holes: 84 Hole size:

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

Perfs from 5208-5214 and 5233-5245 acidize using soluballs.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 85 Max pressure during treatment (psi): 1241

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): 85 Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL

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: 5169 Tbg setting date: 12/18/2014 Packer Depth: 5169

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:

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

Signed: _____ Print Name: Scott Stapp

Title: Agent Date: _____ Email: scott@westernoperating.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

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Total: 0 comment(s)