

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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Document Number:

2091757

Date Received:

09/15/2014

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: 10059
2. Name of Operator: PETRO MEX RESOURCES
3. Address: PO BOX 6724
City: FARMINGTON State: NM Zip: 87499-
4. Contact Name: JESUS VILALOBOS
Phone: (505) 6325950
Fax: (505) 6341503
Email: LINN_WILSON@SISNA.COM

5. API Number 05-045-13342-00
6. County: GARFIELD
7. Well Name: FEDERAL
Well Number: 6-9-8-101
8. Location: QtrQtr: SESW Section: 9 Township: 8S Range: 101W Meridian: 6
9. Field Name: COAL GULCH Field Code: 11450

Completed Interval

FORMATION: MESAVERDE Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 01/06/2006

Perforations Top: 780 Bottom: 1228 No. Holes: Hole size:

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

NO TREATMENT. OPEN HOLE 780-1228'.

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: 01/05/2006 Hours: 24 Bbl oil: 0 Mcf Gas: 40 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 40 Bbl H2O: 0 GOR: 0

Test Method: FLOW Casing PSI: 95 Tubing PSI: Choke Size:

Gas Disposition: FLARED Gas Type: DRY Btu Gas: 1010 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 1056 Tbg setting date: 01/04/2006 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: LINN R WILSON

Title: OPEATIONS MANAGER Date: 9/11/2014 Email LINN_WILSON@SISNA.COM
:

Attachment Check List

Att Doc Num **Name**

2091757	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

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

Agency	Passes Permitting.	11/17/2014 2:42:24 PM
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Total: 1 comment(s)