

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: [X]

NO TREATMENT. OPEN HOLE 780-1228'.

This formation is commingled with another formation: [ ] Yes [X] 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:

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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: LINN R WILSON

Title: OPEATIONS MANAGER Date: 9/11/2014 Email LINN\_WILSON@SISNA.COM  
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2091757	FORM 5A SUBMITTED

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