

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:

2171609

Date Received:

09/14/2012

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: 53790
2. Name of Operator: MARKUS PRODUCTION, INC
3. Address: 39 FAIRWAY LANE
City: LITTLETON State: CO Zip: 80123
4. Contact Name: MARK BROWN
Phone: (303) 295-6910
Fax:
Email: MARK@MARKUSPRODUCTION.COM

5. API Number 05-087-08117-00
6. County: MORGAN
7. Well Name: NB-WICKSTROM-STATE
Well Number: 33-16
8. Location: QtrQtr: NWSE Section: 16 Township: 6N Range: 60W Meridian: 6
9. Field Name: CRICKET Field Code: 13570

Completed Interval

FORMATION: D SAND Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 6584 Bottom: 6588 No. Holes: 17 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole: ☐
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: MINIMAL PRODUCTION COLUMES AND REMOVAL OF SURFACE TREATER EQUIPMENT.
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:

2/16/2015: Well is TA due to it being incapable of production without the addition of a separator at this time.

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

Signed: _____

Print Name: MARK E BROWN

Title: PRESIDENT

Date: 9/13/2012

Email: MARK@MARKPRODUCTION.COM

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Attachment Check List

Att Doc Num

Name

2171608	OTHER
2171609	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Permit	Per operator, added operators' comments into "Submit" section.	2/17/2015 4:46:12 PM
Permit	Spoke with operator and requested information again	6/19/2013 2:54:47 PM
Permit	Spoke with operator and requested information again (10/31/12).	12/13/2012 9:25:52 AM
Permit	On Hold. Pending mark Brown becoming a designated agent.	9/18/2012 2:40:06 PM

Total: 4 comment(s)