

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



Table with columns DE, ET, OE, ES

Document Number: 400789639

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: 10369 2. Name of Operator: NATURAL RESOURCE GROUP INC 3. Address: 1789 W LITTLETON BLVD City: LITTLETON State: CO Zip: 80120 4. Contact Name: Tracy Canning Phone: (303) 797-5417 Fax: (303) 797-5418 Email: tcanning@diversifiedresourcesinc.com

5. API Number 05-071-09911-00 6. County: LAS ANIMAS 7. Well Name: Largo Well Number: 2 8. Location: QtrQtr: SWSE Section: 4 Township: 34S Range: 62W Meridian: 6 9. Field Name: GARCIA Field Code: 27950

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: Treatment Date: End Date: Date of First Production this formation: 05/01/2014 Perforations Top: Bottom: No. Holes: 0 Hole size: Provide a brief summary of the formation treatment: Open Hole: [X] 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: 05/01/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 20 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 20 Bbl H2O: 0 GOR: 0 Test Method: Flowing Casing PSI: 5 Tubing PSI: 0 Choke Size: Gas Disposition: RE-INJECTED Gas Type: WET Btu Gas: 1520 API Gravity Oil: 0 Tubing Size: 2 + 3/8 Tubing Setting Depth: 1600 Tbg setting date: 06/14/2012 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: Tracy Canning
Title: Administrative Assistant Date: _____ Email: tcanning@diversifiedresourcesinc.ocm
:

Attachment Check List

Att Doc Num **Name**

--	--

Total Attach: 0 Files

General Comments

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

--	--	--

Total: 0 comment(s)