

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:

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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: 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: ☒  
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: 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:

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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: Tracy Canning

Title: Administrative Assistant

Date: \_\_\_\_\_

Email: tcanning@diversifiedresourcesinc.ocm

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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)