

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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400789639

Date Received:

02/18/2015

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: 1722 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: 2
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: 2/18/2015 Email: tcanning@diversifiedresourcesinc.ocm
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Attachment Check List

Att Doc Num **Name**

400789639	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

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Total: 0 comment(s)