

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:

400689243

Date Received:

10/07/2014

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: 10440
2. Name of Operator: AURORA POWER RESOURCES INC
3. Address: 4645 SWEETWATER BLVD STE 200
City: SUGAR LAND State: TX Zip: 77479
4. Contact Name: Ed Jones
Phone: (713) 899-8103
Fax:
Email: jejones@aurorapower.com

5. API Number 05-087-08177-00
6. County: MORGAN
7. Well Name: Ehrlich
Well Number: 1A
8. Location: QtrQtr: NWSW Section: 12 Township: 4N Range: 60W Meridian: 6
9. Field Name: BIJOU WEST Field Code: 6730

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 6506 Bottom: 6518 No. Holes: 42 Hole size: 41/100

Provide a brief summary of the formation treatment: Open Hole: ☐

No treatment after perforating - natural completion.

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: 08/20/2014 Hours: 24 Bbl oil: 7 Mcf Gas: Bbl H2O: 105

Calculated 24 hour rate: Bbl oil: 7 Mcf Gas: 0 Bbl H2O: 105 GOR: 0

Test Method: Pump Casing PSI: 0 Tubing PSI: 0 Choke Size:

Gas Disposition: FLARED Gas Type: WET Btu Gas: 0 API Gravity Oil: 36

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6535 Tbg setting date: 04/24/2014 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:

Please send all questions to Ed Jones at jejones@aurorapower.com with a copy to krodell@upstreampm.com. Thank you.

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

Signed: _____ Print Name: Kimberly Rodell

Title: Permit Agent Date: 10/7/2014 Email krodell@upstreampm.com
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Attachment Check List

Att Doc Num **Name**

400689243	FORM 5A SUBMITTED
400702665	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

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Total: 0 comment(s)