

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 10081 2. Name of Operator: WINDSOR ENERGY GROUP LLC 3. Address: 14301 CALIBER DR - SUITE 300 City: OKLAHOMA CITY State: OK Zip: 73134 4. Contact Name: EVALYN KAHILA Phone: (307) 686-0891 Fax: (307) 686-0892 Email: NONE@GIVEN.COM

5. API Number 05-103-05500-00 6. County: RIO BLANCO 7. Well Name: MCLAUGHLIN SR Well Number: 6 8. Location: QtrQtr: NWSW Section: 33 Township: 2N Range: 102W Meridian: 6 9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: MANCOS Status: PRODUCING Treatment Type: Treatment Date: End Date: Date of First Production this formation: 05/29/1997 Perforations Top: 1393 Bottom: 1625 No. Holes: Hole size: 1/2 Provide a brief summary of the formation treatment: Open Hole: []

NO TREATMENT

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: 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: 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: EVALYN L. KAHILA
Title: OPERATIONS TECH Date: 11/5/2014 Email: NONE@GIVEN.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2437678	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting: Pre-perforated liner run, operator could not get casing to 1700' TD of well.	4/6/2015 10:42:30 AM

Total: 1 comment(s)