

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:

2437678

Date Received:

03/25/2015

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: 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 ☒ 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:

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

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Attachment Check List

Att Doc Num

Name

2437678

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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)