

FORM
5ARev
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:

400826391

Date Received:

04/16/2015

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: 35080
 2. Name of Operator: GRAND MESA OPERATING CO
 3. Address: 1700 N. WATERFRONT PKWY BL 600
 City: WICHITA State: KS Zip: 67206
 4. Contact Name: Michael J Reilly
 Phone: (316) 265-3000
 Fax: (316) 265-3455
 Email: pbrewer@gmocks.com

5. API Number 05-121-10096-00
 6. County: WASHINGTON
 7. Well Name: HUNT
 Well Number: 1-19
 8. Location: QtrQtr: SWNW Section: 19 Township: 2S Range: 54W Meridian: 6
 9. Field Name: HOTSPUR Field Code: 37494

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type: ACID JOB
 Treatment Date: 04/06/2015 End Date: 04/08/2015 Date of First Production this formation: 04/10/2015
 Perforations Top: 4874 Bottom: 4882 No. Holes: 32 Hole size: 3/8

Provide a brief summary of the formation treatment:

Open Hole: ☐

Perfed an additional J Sand interval from 4874-4882, w/4shots per foot with 500gals of 10% MCA acid with solvent, surfactant, clay stay blend and displaced with KCL water into the zone @ 1/10th bbl/min @ 840 PSI (total load 40bbls).

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 40

Max pressure during treatment (psi): 840

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): 12

Number of staged intervals:

Recycled water used in treatment (bbl): 28

Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 0

Disposition method for flowback:

Total proppant used (lbs): 0

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: Michael J Reilly

Title: President Date: 4/16/2015 Email pbrewer@gmocks.com
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Attachment Check List

Att Doc Num **Name**

400826391	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)