

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, reoperation 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: (832) 939-8991
Fax: (832) 999-4382
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: D SAND Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 11/07/2014 End Date: 11/07/2014 Date of First Production this formation: 11/11/2014
Perforations Top: 6430 Bottom: 6440 No. Holes: 41 Hole size: 0.41

Provide a brief summary of the formation treatment: Open Hole: [ ]

Broke down formation with 500 gal 7-1/2% HCl, followed immediately with 7,500 gal 25 ppg gelled 3% KCl water pad, then 4,000 gal gelled water with 1 ppg 20/40 sand, 7,744 gal gelled water with 1.5 ppg 20/40 sand, 1,656 gal gelled water with 1.5 ppg interprop, flushed to perms with 1,638 gal 3% KCl water.

This formation is commingled with another formation: [ ] Yes [X] No
Total fluid used in treatment (bbl): 547 Max pressure during treatment (psi): 5933
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.50
Type of gas used in treatment: Min frac gradient (psi/ft): 0.84
Total acid used in treatment (bbl): 12 Number of staged intervals: 1
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 500
Fresh water used in treatment (bbl): 547 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 18100 Rule 805 green completion techniques were utilized: [ ]
Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/18/2014 Hours: 24 Bbl oil: 3 Mcf Gas: 10 Bbl H2O: 23
Calculated 24 hour rate: Bbl oil: 3 Mcf Gas: 10 Bbl H2O: 23 GOR: 3333
Test Method: Pump Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: FLARED Gas Type: WET Btu Gas: 0 API Gravity Oil: 35
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6470 Tbg setting date: 11/11/2014 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.

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type: \_\_\_\_\_

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

Perforations Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ No. Holes: \_\_\_\_\_ 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: \_\_\_\_\_ 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: 11/03/2014 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 6490 \*\* Sacks cement on top: 0 \*\* Wireline and Cement Job Summary must be attached.

Comment: \_\_\_\_\_

Please contact Ed Jones with Aurora for all questions regarding this Completed Interval Form 5A with a carbon copy to Kimberly J. Rodell. 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 J. Rodell

Title: Permit Agent Date: 1/2/2015 Email: krodell@upstreampm.com

**Attachment Check List**

Att Doc Num	Name
400762373	FORM 5A SUBMITTED
400762376	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date
Permit	Added the J Sand temp. abandonment information provided by the operator.	3/5/2015 9:55:28 AM
Permit	requested status information for the J Sand.	3/2/2015 10:15:31 AM

Total: 2 comment(s)