

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:

400828704

Date Received:

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: <u>10453</u>	4. Contact Name: <u>Chrissy Schaffner</u>
2. Name of Operator: <u>CCI PARADOX UPSTREAM LLC</u>	Phone: <u>(303) 728-2217</u>
3. Address: <u>600 17TH STREET #1900S</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>chrissy.schaffner@cci.com</u>

5. API Number <u>05-113-06077-00</u>	6. County: <u>SAN MIGUEL</u>
7. Well Name: <u>ANDYS MESA FEDERAL</u>	Well Number: <u>14</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>21</u> Township: <u>44N</u> Range: <u>16W</u> Meridian: <u>N</u>	
9. Field Name: <u>ANDY'S MESA</u> Field Code: <u>2500</u>	

Completed Interval

FORMATION: CUTLER-ARKOSE Status: PRODUCING Treatment Type: _____

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

Perforations Top: 5308 Bottom: 7356 No. Holes: 1959 Hole size: 3 + 3/8

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

Historical Data from Re-completion in 2003

11/12/03: CIBP @ 6245' Drilled out
11/16/03: Perfs 6250'-6292' Squeezed
11/19/03: CIBP @ 6346' Drilled out
11/20/03: CIBP @ 6454' Drilled out
11/22/03: Perfs 6462'-6532' Squeezed
11/25/03: CIBP @ 6580' Drilled out
12/03/03: CIBP @ 8510' Drilled out
12/11/03: Perf 8000'-8015' 4 spf, 3-3/8", 22.7 grm, 90 deg pasing (60 holes)
12/11/03: Pref 7675'-7685' 4 spf, 3-3/8", 22.7 grm, 90 deg pasing (40 holes)
12/17/03: Perf 7337'-7356' 4 spf, 3-3/8", 22.7 grm, 90 deg phasing (76 holes)
Note: Perforations were not frack treated. ; Test information is for the new perforations.
Perforations from 5308-6214' currently producing.
Please see the attached Wellbore Diagram and Daily Completion Summary.

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: 12/17/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 18

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 18 GOR: _____

Test Method: Flowing Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5766 Tbg setting date: 12/18/2003 Packer Depth: _____

Reason for Non-Production: CIBP Set @ 6242' (cementing information not available) See attached Daily Summary for additional information.
Abandonment of the perforations below 6242'.

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6242 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: HONAKER TRAIL Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 8580 Bottom: 8764 No. Holes: 160 Hole size: 3 + 3/8

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

12/03/03: CIBP @ 8510' Drilled out

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: CIBP Set @ 6242', abandoning this formation completely.

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6242 ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:
Historical Data from Re-completion in 2003 not reported by Tom Brown Inc.
11/12/03: CIBP @ 6245' Drilled out
11/16/03: Perfs 6250'-6292' Squeezed
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Note: Perforations were not frack treated.
Perforations from 5308-6214' currently producing.
Please see the attached Wellbore Diagram and Daily Completion Summary.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Ashley B Noonan
Title: Regulatory Analyst Date: _____ Email: ashley.noonan@contractor.cci.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400828941	COMPLETED INTERVAL REPORT
400828942	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)