

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:

400836953

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: 10453

2. Name of Operator: CCI PARADOX UPSTREAM LLC

3. Address: 600 17TH STREET #1900S

City: DENVER State: CO Zip: 80202

4. Contact Name: Chrissy Schaffner

Phone: (281) 714-2966

Fax:

Email: chrissy.schaffner@cci.com

5. API Number 05-113-06239-00

7. Well Name: ANDY'S MESA FED

8. Location: QtrQtr: NENE Section: 29 Township: 44N Range: 16W Meridian: N

9. Field Name: ANDY'S MESA Field Code: 2500

6. County: SAN MIGUEL

Well Number: 67

Completed Interval

FORMATION: CUTLER Status: COMMINGLED Treatment Type: _____

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

Perforations Top: 4170 Bottom: 6108 No. Holes: _____ Hole size: _____

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

Recompletion of the Cutler formation was never submitted by original operator, Encana, and no historical completion summaries were available from Encana for these perforations. To the best of our knowledge, from production logs and sundry notices, a RBP was set @ 6,700' and the Cutler formation was perforated in April 2009. The RBP was then removed during 1/31/12 and 2/7/12 and the two formations were comingled per approved Form 4. Please note number of holes perforated is not known.

This formation is comingled 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.**

FORMATION: HONAKER TRAIL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 6687 Bottom: 7997 No. Holes: 703 Hole size: _____

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

Please see Wellbore Diagram for correction to the original 5A submitted missing interval 6687'-6790'

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:

CCI Paradox Upstream LLC has found that the Cutler formation was never reported via Form 5A by Encana in 2009. Limited data of the completion is available. Please see updated Wellbore Diagram for perforation intervals. We have also attached production curve and daily workover summary to remove the RBP in 2012.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Ashley Noonan

Title: Regulatory Analyst Date: _____ Email: ashley.noonan@contractor.cci.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400837649	WELLBORE DIAGRAM
400837650	OPERATIONS SUMMARY
400837651	OTHER

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)