

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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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: 36200 4. Contact Name: Gene Webb
 2. Name of Operator: GRYNBERG* JACK DBA GRYNBERG PETROLEUM Phone: (303) 850-7490
 3. Address: 3600 S. YOSEMITE ST - STE 900 Fax: (303) 850-7498
 City: DENVER State: CO Zip: 80237- Email: j.keidel@grynberg.com

5. API Number 05-081-07427-00 6. County: MOFFAT
 7. Well Name: HIAWATHA DEEP Well Number: 4-36
 8. Location: QtrQtr: SWSW Section: 36 Township: 12N Range: 101W Meridian: 6
 9. Field Name: SUGAR LOAF Field Code: 80000

Completed Interval

FORMATION: MORRISON Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____

Treatment Date: 07/13/2009 End Date: 07/12/2009 Date of First Production this formation: _____
 Perforations Top: 13920 Bottom: 13950 No. Holes: 32 Hole size: 0.42

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

Pumped 76,000 lbs 20/40 carbo prop with 1567 bbls of fresh water averaging 6bbm 7000psi

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: Non-productive

Date formation Abandoned: 10/25/2009 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 13600 ** Sacks cement on top: 50 ** 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: Janni Keidel

Title: Ops/Regulatory Specialist Date: _____ Email: j.keidel@grynberg.com
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Attachment Check List

Att Doc Num **Name**

400852726	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)