

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:

400839727

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 4. Contact Name: Chrissy Schaffner
 2. Name of Operator: CCI PARADOX UPSTREAM LLC Phone: (281) 714-2966
 3. Address: 600 17TH STREET #1900S Fax: _____
 City: DENVER State: CO Zip: 80202 Email: chrissy.schaffner@cci.com

5. API Number 05-113-06120-00 6. County: SAN MIGUEL
 7. Well Name: FOSSIL FEDERAL Well Number: 5-19
 8. Location: QtrQtr: NWNW Section: 19 Township: 44N Range: 16W Meridian: N
 9. Field Name: ANDY'S MESA Field Code: 2500

Completed Interval

FORMATION: CUTLER Status: PRODUCING Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 8254 Bottom: 9614 No. Holes: 400 Hole size: 01/2

Provide a brief summary of the formation treatment:

Open Hole: ☐

The previous operator erroneously reported the top perf to be 8259'. Per the attached WBD and Operations Summary the top perf should be 8254'.

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:

This Form 5A is being submitted to correct the scout card and records for the Fossil Federal 5-19. The perforated interval should be 8254' to 9614'.

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

Att Doc Num

Name

400839731	WELLBORE DIAGRAM
400839732	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)