

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 400950534  Date Received:				
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>52530</u> 2. Name of Operator: <u>MAGPIE OPERATING, INC</u> 3. Address: <u>2707 SOUTH COUNTY RD 11</u> City: <u>LOVELAND</u> State: <u>CO</u> Zip: <u>80537</u>	4. Contact Name: <u>Ryan Warner</u> Phone: <u>(720) 233-0875</u> Fax: _____ Email: <u>magpieoil@yahoo.com</u>
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5. API Number <u>05-069-06115-00</u> 7. Well Name: <u>IHNEN</u> 8. Location: QtrQtr: <u>SWNE</u> Section: <u>31</u> Township: <u>5N</u> 9. Field Name: <u>LOVELAND</u> Field Code: <u>52000</u>	6. County: <u>LARIMER</u> Well Number: <u>2</u> Range: <u>68W</u> Meridian: <u>6</u>
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**Completed Interval**

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>11/17/1982</u>	End Date: <u>11/19/1982</u>	Date of First Production this formation: <u>11/19/1982</u>
Perforations Top: <u>4823</u>	Bottom: <u>4833</u>	No. Holes: <u>21</u> Hole size: <u>3 + 1/8</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>		
Well frac with 60% cross-link gel and 40% Co2 via the casing. Total volume 38,250 gal. 70,000 lbs proppant. Fluid rate 9 bpm. Co2 rate 6 bpm. Average 1650 psi.		

This formation is commingled with another formation:    Yes    No

Total fluid used in treatment (bbl): <u>570</u>	Max pressure during treatment (psi): <u>1800</u>
Total gas used in treatment (mcf): <u>556</u>	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: <u>CARBON DIOXIDE</u>	Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>662</u>
Fresh water used in treatment (bbl): <u>570</u>	Disposition method for flowback: _____
Total proppant used (lbs): <u>70000</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

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:

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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: Ryan Warner

Title: VP Date: \_\_\_\_\_ Email: magpieoil@yahoo.com  
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### Attachment Check List

**Att Doc Num**      **Name**

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Total Attach: 0 Files

### General Comments

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

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Total: 0 comment(s)