

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



DE	ET	OE	ES
----	----	----	----

Document Number: 400965087

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: 47200 4. Contact Name: Thomas Hohn  
 2. Name of Operator: KGH OPERATING COMPANY Phone: (406) 655-3381  
 3. Address: P O BOX 2235 Fax: (406) 655-3383  
 City: BILLINGS State: MT Zip: 59103- Email: tkhohn@hohneng.com

5. API Number 05-103-12265-00 6. County: RIO BLANCO  
 7. Well Name: Meagher Well Number: 3-4  
 8. Location: QtrQtr: Lot 4 Section: 3 Township: 1S Range: 104W Meridian: 6  
 9. Field Name: BLANCO Field Code: 6902

Completed Interval

FORMATION: MANCOS B Status: WAITING ON COMPLETION Treatment Type: ACID JOB  
 Treatment Date: 11/11/2015 End Date: 11/11/2015 Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 5718 Bottom: 5724 No. Holes: 6 Hole size: 0.43

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

On November 11, 2015, an acid stimulation was performed on the Meagher 3-4 well. A six foot interval was treated with 1000 gallons of 10% HCl. Maximum pump rate was 5.6 BPM. The load was swabbed back and trucked to a commercial disposal facility. The well is currently shut in.

This formation is commingled with another formation:  Yes  No  
 Total fluid used in treatment (bbl): 130 Max pressure during treatment (psi): 3301  
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
 Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.60  
 Total acid used in treatment (bbl): 24 Number of staged intervals: 1  
 Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 130  
 Fresh water used in treatment (bbl): 106 Disposition method for flowback: DISPOSAL  
 Total proppant used (lbs): 0 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:

--

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

Signed: \_\_\_\_\_ Print Name: Thomas K Hohn

Title: Designated Agent Date: \_\_\_\_\_ Email tkhohn@hohneng.com

### Attachment Check List

**Att Doc Num**      **Name**

400965128	OPERATIONS SUMMARY
-----------	--------------------

Total Attach: 1 Files

### General Comments

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

--	--	--

Total: 0 comment(s)