FORM 5A

Rev 06/12

## State of Colorado Oil and Gas Conservation Commission

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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: 4. Contact Name: Stewart Ward 10446 2. Name of Operator: MUSTANG CREEK OPERATING LLC Phone: (303) 586-4158 3. Address: 5251 DTC PARKWAY #800 Fax: Email: sward@fifthcreekenergy.com City: GREENWOOD CO Zip: 80111 State: 5. API Number 6. County: ELBERT 05-039-06681-00 7. Well Name: Payne Well Number: 23-41 8. Location: QtrQtr: SWSW Section: 23 Township: 13S Range: 59W Meridian: 9. Field Name: WILDCAT Field Code: 99999 **Completed Interval** FORMATION: ARBUCKLE Status: PLUGGED AND ABANDONED Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 10000 Bottom: 10008 No. Holes: 32 Hole size: Open Hole: Provide a brief summary of the formation treatment: No treatment was performed on this formation Yes This formation is commingled with another formation: **▼** 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: Rule 805 green completion techniques were utilized: Total proppant used (lbs): Reason why green completion not utilized: Fracture stimulations must be reported on FracFocus.org **Test Information:** Date: 12/29/2015 Mcf Gas: Bbl H2O: Hours: Bbl oil: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Casing PSI: Test Method: swab Tubing PSI: Choke Size: Gas Disposition: Btu Gas: API Gravity Oil: Gas Type: Tubing Size: 2 + 7/8 Tubing Setting Depth: 9951 Tbg setting date: 03/29/2016 Packer Depth: 9948 Reason for Non-Production: no presence of oil or gas 01/04/2016 Squeeze: Yes **⋉** No If yes, number of sacks cmt Date formation Abandoned: \*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: ATOKA Status: PLUGGED AND ABANDONED Treatment Type:											
Treatment Date:			Enc	Date:			Date of I	First Produ	ıction this formatio	า:	
Perforations	Top:	9150	Bot	tom:	9298	No. H	oles: 1	60	Hole size:	0.45	
Provide a brief sum	nmary of t	the formation	on treatme	ent:		Open H	lole:				
No treatment perfo	ormed										
This formation is co	ommingle	d with anot	her forma	ation:	Ye	S X N	0				
Total fluid us	sed in tre	atment (bb	l):		-		Max	oressure d	uring treatment (ps	si):	
Total gas us	sed in trea	atment (mc	f):				Fluid de	ensity at in	itial fracture (lbs/ga	al):	
Type of o	gas used	in treatmer	nt:					Min	frac gradient (psi/	ft):	
Total acid u	sed in tre	atment (bb	l):		-			Numbe	er of staged interva	ls:	
Recycled water us	sed in tre	atment (bb	l):		-		Flo	wback vol	ume recovered (bb	ol):	
Fresh water u	sed in tre	atment (bb	l):			Dispositi	on method f	or flowbac	ck:		
Tota	al proppa	nt used (lbs	s):		. R	ule 805 gr	een comple	tion techni	ques were utilized:		
Reason why green completion not utilized:											
		Fractu	re stimul	ations m	ust be rep	orted on F	racFocus.	org			
Tast Information											
Test Information:			40	5.				•	<b>D</b>	_	
Date: 01/12/201		Hours: _	43		ol oil: 0		Mcf Gas		Bbl H2	O:	326
Calculated 24 hour	rate:	Bbl oil: _	0	Mcf	Gas:0		Bbl H2O	182	GO_	R:	0
Test Method: swat	)			Casing	PSI:		Tubing PSI	:	Choke Siz	ze:	
Gas Disposition:				Gas T	ype:		Btu Gas	0	API Gravity C	Dil:	0
Tubing Size: 2 +	- 7/8	Tubing Set	ting Deptl	h: 91	15 T	bg setting	date:03	/06/2016	Packer Dep	th:	9096
Reason for Non-Pro	oduction:	no oil or	gas								
Date formation Aba	andoned:	01/19/2	016 S	queeze:	Yes	▼ No	If ye	es, numbe	r of sacks cmt		
** Bridge Plug Dept	th: 91	120 *	·* Sacks o	cement o	n top:	2	** Wireli	ne and Ce	ement Job Summai	ry mus	st be attached.

FORMATION: CHEROKEE Status: PRODUCING Treatment Type:											
Treatment Date:			Е	End Date:		Date	of Fire	 st Produc	tion this formation	ո։	01/20/2016
Perforations	Гор: _	8364	_	Bottom:	8376	No. Holes:	48		Hole size:	).45	
Provide a brief summa	ary of	the formati	on trea	tment:		Open Hole:					
no treatment perform	ed										
This formation is comr	ningle	d with ano	ther for	mation:	Yes	<b>X</b> No					
Total fluid used	l in tre	atment (bb	ol):		_	N	1ax pre	ssure du	ring treatment (ps	si):	
Total gas used					_	Flui	id dens	sity at initi	al fracture (lbs/ga	ıl):	
Type of gas								Min f	rac gradient (psi/f	t):	
Total acid used					_				of staged interva	_	
Recycled water used		•	· —		_				me recovered (bb	ol):	
Fresh water used		•			_	Disposition meth					
Total p	roppa	nt used (lb	s):		_	_	-	•	ues were utilized:		
l						vhy green comple			l:		
l		Fractu	ıre stin	nulations i	nust be repo	rted on FracFoo	cus.org	9			
Test Information:											
Date: 01/20/2016		Hours:	40	E	sbl oil: 138	Mcf (	Gas:	0	Bbl H2	O:	164
Calculated 24 hour rat	e:	Bbl oil:	84	Mc	Gas: 0	 Bbl H	H2O: _	100	GO	R: _	
Test Method: swab				Casing	g PSI: 0	Tubing	PSI:	70	Choke Siz	e:	0.25
Gas Disposition:				Gas	Туре:	— Btu (	Gas:	0	API Gravity C	oil:	42
Tubing Size: 2 + 7/	8	Tubing Se	tting De	— epth: 83	 351 Tb	g setting date:	01/20	)/2016	Packer Dept	h:	8337
Reason for Non-Produ										_	
Date formation Aband				Squeeze	Yes	No	If yes,	number	of sacks cmt		
** Bridge Plug Depth:			** Sack	s cement					— nent Job Summar	v mi	—— ist he attacher
Bridge Flug Deptil.			Oacr	S Cerrierit	лт юр. 		VIICIIIIC	and Oen	TIETT JOB Garrina	y iiic	

EODMATION: STI O	IIC	C+c	stuc: DI LICCEI	O AND ABANDO	MED	Trootmont Typo:				
FORMATION: ST LO	JI3		ilus. PLUGGEI			Treatment Type:				
Treatment Date:	Tan: 0704	End Date:	0740	_		oduction this formation				
Perforations	Top: 9734	Bottom:	9742	No. Holes:	32	Hole size:0	.45			
Provide a brief summ		treatment:		Open Hole:						
no treatment perform										
This formation is com	-	r formation:	Yes	▼ No						
Total fluid use	ed in treatment (bbl):		_		Max pressur	e during treatment (psi	):			
Total gas use	d in treatment (mcf):		-	F	luid density a	t initial fracture (lbs/gal	.):			
Type of ga	s used in treatment:				I	Min frac gradient (psi/ft	:):			
Total acid use	ed in treatment (bbl):		_		Nur	nber of staged intervals	s:			
Recycled water use	ed in treatment (bbl):		_		Flowback	volume recovered (bbl	ı):			
Fresh water use	ed in treatment (bbl):			Disposition me	thod for flow	back:				
Total	proppant used (lbs):		Rul	e 805 green co	ompletion tec	hniques were utilized:				
	-		- Reason w	hy green com	pletion not uti	lized:				
	Fracture	stimulations n	nust be repo	ted on FracF	ocus.org	$\neg$				
			<u> </u>							
Test Information:										
Date: 01/05/2016	Hours:	BI	bl oil: 0	Mc	of Gas: 0	Bbl H20	D: <u>19</u>			
Calculated 24 hour ra	ate: Bbl oil:	0 Mcf	Gas: 0	Bb	I H2O:304	4 GOF	R:0			
Test Method: swab		 Casing	PSI:	_ Tubin _	g PSI:	Choke Size	e:			
Gas Disposition:		Gas 7	Гуре:	Bt	u Gas: 0	API Gravity O	il:0			
Tubing Size: 2 + 3	3/8 Tubing Settin	g Depth: 96	89 Tbo	setting date:	01/04/201	6 Packer Depth	h: 9684			
Reason for Non-Prod	luction: no oil or ga	 S	<del></del>			<del></del>				
Date formation Abandoned: 01/05/2016 Squeeze: Yes No If yes, number of sacks cmt										
** Bridge Plug Depth: 9710 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.										
Comment:										
I hereby certify all sta	stamants made in thi	c form are to th	o bost of my	knowlodgo tru	io correct ar	nd complete				
Signed:	atements made in thi	s ioiiii aie, to tii	-	Print Name: S		iu compiete.				
Title: Operations	Consultant	Date:		_		thcreekenergy.com				
Title. Operations	Consultant	Date.		:	- Swara@iii	more chargy.com				
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Att Doc Num	<u>Name</u>									
401000812	WIRELINE JOB	SUMMARY								
401000818										
401000820	WIRELINE JOB									
401000911	WELLBORE DIA	GRAM								
Total Attach: 4 Files  General Comments										
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User Group Co	<u>omment</u>					Com	ment Date			
Total: 0 comment(s	3)									