

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



Table with columns DE, ET, OE, ES

Document Number: 2212260

Date Received: 04/11/2016

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: 10330
2. Name of Operator: INVESTMENT EQUIPMENT LLC
3. Address: 17509 COUNTY ROAD 14
City: FT MORGAN State: CO Zip: 80701
4. Contact Name: DAVE REBOL
Phone: (970) 867-9007
Fax: (970) 867-8374
Email: daverebol@hotmail.com

5. API Number 05-009-06439-00
6. County: BACA
7. Well Name: TANNER SECU
Well Number: 901
8. Location: QtrQtr: SWNW Section: 12 Township: 35S Range: 46W Meridian: 6
9. Field Name: CAMPO Field Code: 9850

Completed Interval

FORMATION: LANSING Status: SHUT IN Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 07/25/1985
Perforations Top: 3930 Bottom: 3934 No. Holes: 16 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
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: 08/14/1985 Hours: 24 Bbl oil: 141 Mcf Gas: 0 Bbl H2O: 9
Calculated 24 hour rate: Bbl oil: 141 Mcf Gas: 0 Bbl H2O: 9 GOR:
Test Method: Pump Casing PSI: 70 Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0
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: DAVE REBOL

Title: MEMBER Date: 4/6/2016 Email: daverebol@hotmail.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2212260	FORM 5A SUBMITTED
2212261	OTHER

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)