

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



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Date Received:

08/22/2016

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: 10626  
2. Name of Operator: DOVER ATWOOD CORPORATION  
3. Address: 1875 HARSH AVENUE SE  
City: MASSILLON State: OH Zip: 44676  
4. Contact Name: JOHN LEVENGOOD  
Phone: (330) 809-0630  
Fax: (330) 809-0670  
Email: JLevorgood07@gmail.com

5. API Number 05-009-06163-00  
6. County: BACA  
7. Well Name: FREIGHBERGER  
Well Number: 1-7  
8. Location: QtrQtr: NWSE Section: 7 Township: 31S Range: 44W Meridian: 6  
9. Field Name: VILAS Field Code: 87900

Completed Interval

FORMATION: TOPEKA Status: PRODUCING Treatment Type: ACID JOB  
Treatment Date: 06/15/2016 End Date: 06/15/2016 Date of First Production this formation: 05/06/1977  
Perforations Top: 3228 Bottom: 3299 No. Holes: 42 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment:

Open Hole: ☐

Pull rods and tubing, replace 8 joints of tubing, run back in well. Dump 750 gallons of 15% HCL down tubing on vacuum, chase with 500 gallons of KcL 2% fresh water, dump additional KcL 2% fresh water down casing on vacuum. Swab 10 barrel into stock tank, run pump back in well.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 41

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): 18

Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 23

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:

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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: JOHN LEVENGOOD

Title: PRESIDENT Date: 7/21/2016 Email JLevorgood07@gmail.com  
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### Attachment Check List

**Att Doc Num**      **Name**

2452496	FORM 5A SUBMITTED
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