

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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Document Number:

400680500

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: 68710
2. Name of Operator: PETERSON ENERGY OPERATING INC
3. Address: 2154 W EISENHOWER BLVD
City: LOVELAND State: CO Zip: 80537
4. Contact Name: CLAYTON DOKE
Phone: (720) 420-5700
Fax: (720) 420-5800
Email: clay.doke@iptenergyservices.com

5. API Number 05-123-33999-00
6. County: WELD
7. Well Name: 392 VENTURES
Well Number: 21-22D
8. Location: QtrQtr: SENW Section: 22 Township: 6N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 7324 Bottom: 7336 No. Holes: 48 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: 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: flow Niobrara
Date formation Abandoned: 06/12/2014 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt
** Bridge Plug Depth: 7280 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL		Status: PRODUCING		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 7132	Bottom: 7336	No. Holes: 120	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/>		
Reason why green completion not utilized: _____					

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/12/2014	Hours: 24	Bbl oil: 22	Mcf Gas: 0	Bbl H2O: 9
Calculated 24 hour rate:	Bbl oil: 22	Mcf Gas: 0	Bbl H2O: 9	GOR: 0
Test Method: flowing	Casing PSI: 750	Tubing PSI: 400	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: 0	API Gravity Oil: 44	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				

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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/12/2014 End Date: 06/12/2014 Date of First Production this formation:

Perforations Top: 7132 Bottom: 7214 No. Holes: 72 Hole size: 0.42

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

Frac Niobrara B & C w/ 3479 bbls clean water & 251120 lbs 30/50 sand

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

Total fluid used in treatment (bbl): 3503 Max pressure during treatment (psi): 5380

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: Min frac gradient (psi/ft): 0.89

Total acid used in treatment (bbl): 24 Number of staged intervals: 1

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 3479 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 251120 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/21/2014 Hours: 24 Bbl oil: 77 Mcf Gas: 0 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 77 Mcf Gas: 0 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 450 Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 44

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: Clayton Doke

Title: Sr. Engineer Date: Email: cdoke@iptengineers.com

Attachment Check List

Att Doc Num	Name
400680517	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)