

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:

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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: 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 05-123-34006-00
6. County: WELD
7. Well Name: 392 VENTURES
Well Number: 31-22D
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: 7341 Bottom: 7353 No. Holes: 48 Hole size: 0.42
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: frac Niobrara
Date formation Abandoned: 06/10/2014 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt
** Bridge Plug Depth: 7290 ** 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: 7026 Bottom: 7353 No. Holes: 192 Hole size: 0.42

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: 06/29/2014 Hours: 24 Bbl oil: 5 Mcf Gas: 5 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 5 Bbl H2O: 0 GOR: 1000

Test Method: flowing Casing PSI: 650 Tubing PSI: 500 Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: 1320 API Gravity Oil: 44

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7002 Tbg setting date: 07/17/2014 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/12/2014 End Date: 06/12/2014 Date of First Production this formation: 06/21/2014
Perforations Top: 7026 Bottom: 7235 No. Holes: 144 Hole size: 0.42

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

Frac Niobrara A, B & C w/ 3479 bbls clean water, 24 bbls 7 1/2% HCL, & 252,080 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): 5884

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): 0.95

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

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 700

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

Total proppant used (lbs): 252080 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: 25 Mcf Gas: 0 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 25 Mcf Gas: 0 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 1500 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

Total Attach: 0 Files

General Comments

User Group Comment Comment Date

Total: 0 comment(s)