

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: 400684642 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 05-123-34011-00 6. County: WELD 7. Well Name: 392 VENTURES Well Number: 42-22D 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: FRACTURE STIMULATION

Treatment Date: 06/12/2014 End Date: 06/12/2014 Date of First Production this formation: Perforations Top: 7621 Bottom: 7633 No. Holes: 48 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: []

Refrac Codlel w/ 2961 bbls clean water & 230,000 lbs 30/50 sand

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): 2961 Max pressure during treatment (psi): 4775 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): 0.86 Total acid used in treatment (bbl): Number of staged intervals: 1 Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): 2961 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 230000 Rule 805 green completion techniques were utilized: [X]

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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 06/21/2014

Perforations Top: 7310 Bottom: 7633 No. Holes: 120 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: 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: 2 + 3/8 Tubing Setting Depth: 7307 Tbg setting date: 07/23/2014 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:

Perforations Top: 7310 Bottom: 7448 No. Holes: 72 Hole size: 0.42

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

Frac Niobrara A & B w/ 3636 bbls clean water & 249,000 bls 30/50 sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3660 Max pressure during treatment (psi): 6322

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): 0.90

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): 3636 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 249000 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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Clayton Duke

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

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 400684672, WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date

Total: 0 comment(s)