

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:

400684804

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 05-123-34010-00  
6. County: WELD  
7. Well Name: 392 VENTURES  
Well Number: 12-22D  
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: 7448 Bottom: 7460 No. Holes: 48 Hole size: 0.42

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

Re-frac Codell with 2951 bbls clean water & 233,040 lbs 30/50 sand

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

Total fluid used in treatment (bbl): 2951 Max pressure during treatment (psi): 4578

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): 0.84

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): 2951 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 233040 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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_

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

Perforations Top: 7130 Bottom: 7460 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: 21 Mcf Gas: 0 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 21 Mcf Gas: 0 Bbl H2O: 0 GOR: 0

Test Method: flowing Casing PSI: 550 Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7106 Tbg setting date: 07/15/2014 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: 7130 Bottom: 7268 No. Holes: 72 Hole size: 0.42

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

Frac Niobrara A & B w/ 3714 bbls clean water & 249,000 lbs 30/50 sand

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

Total fluid used in treatment (bbl): 3738 Max pressure during treatment (psi): 6113

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): 0.92

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): 3714 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 Doke

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

### Attachment Check List

Att Doc Num	Name
400684872	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)