

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:

2212252

Date Received:

04/11/2016

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: 10330  
2. Name of Operator: INVESTMENT EQUIPMENT LLC  
3. Address: 412 W PLATTE AVE  
City: FT MORGAN State: CO Zip: 80701  
4. Contact Name: DAVE REBOL  
Phone: (970) 867-9007  
Fax: (970) 867-8374  
Email: daverebol@hotmail.com

5. API Number 05-075-09199-00  
6. County: LOGAN  
7. Well Name: CEDAR CREEK RANCH  
Well Number: 1  
8. Location: QtrQtr: SENW Section: 31 Township: 10N Range: 53W Meridian: 6  
9. Field Name: BOWL Field Code: 7476

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 05/10/1989  
Perforations Top: 4834 Bottom: 4837 No. Holes: 13 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: 05/10/1989 Hours: 24 Bbl oil: 40 Mcf Gas: 0 Bbl H2O: 4  
Calculated 24 hour rate: Bbl oil: 40 Mcf Gas: 0 Bbl H2O: 4 GOR:  
Test Method: artificial lift Casing PSI: Tubing PSI: Choke Size:  
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 39  
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: DAVE REBOL

Title: MEMBER

Date: 4/5/2016

Email: daverebol@hotmail.com

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### **Attachment Check List**

**Att Doc Num**

**Name**

2212252	FORM 5A SUBMITTED
2212253	OTHER

Total Attach: 2 Files

### **General Comments**

**User Group**

**Comment**

**Comment Date**

Permit	Permitting review complete.	9/21/2016 5:59:47 PM
Permit	SHL Qtr/Qtr shown is that from scout card; as-drilled location is NWNE per GPS coordinates.	9/21/2016 5:58:38 PM
Permit	No treatment performed per attached Form 5 Doc# 275657 from 1989.	9/21/2016 5:57:30 PM

Total: 3 comment(s)