

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2212252	FORM 5A SUBMITTED
2212253	OTHER

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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)