

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: 95620 2. Name of Operator: WESTERN OPERATING COMPANY 3. Address: 518 17TH ST STE 200 City: DENVER State: CO Zip: 80202 4. Contact Name: Steven James Phone: (303) 893-2438 Fax: (303) 629-5735 Email: steve@westernoperating.com

5. API Number 05-121-10967-00 6. County: WASHINGTON 7. Well Name: SCHMIDKE Well Number: 15-21 8. Location: QtrQtr: SWSE Section: 21 Township: 2N Range: 52W Meridian: 6 9. Field Name: SURVEYOR CREEK Field Code: 80300

Completed Interval

FORMATION: D SAND Status: ABANDONED WELLBORE/COMPLETION Treatment Type:

Treatment Date: End Date: Date of First Production this formation: Perforations Top: 4542 Bottom: 4557 No. Holes: 32 Hole size: 3/8

Provide a brief summary of the formation treatment: Open Hole: No Treatment

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: 10/05/2011 Hours: 2 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 10 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: Test Method: swab Casing PSI: 0 Tubing PSI: 0 Choke Size: Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0 Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Non-Productive

Date formation Abandoned: 10/05/2011 Squeeze: Yes No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 4551 \*\* Sacks cement on top: 20 \*\* Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: \_\_\_\_\_ Print Name: Steven D. James

Title: President Date: 4/11/2017 Email: steve@westernoperating.com  
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### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
401256468	FORM 5A SUBMITTED
401256574	WIRELINE JOB SUMMARY

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)