

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: 10626
2. Name of Operator: DOVER ATWOOD CORPORATION
3. Address: 1875 HARSH AVENUE SE
City: MASSILLON State: OH Zip: 44646
4. Contact Name: JOHN LEVENGOOD
Phone: (330) 323-1930
Fax: (330) 809-0730
Email: jlevengood@gmail.com

5. API Number 05-009-06432-00
6. County: BACA
7. Well Name: BRYAN
Well Number: 1-11
8. Location: QtrQtr: NESE Section: 11 Township: 31S Range: 42W Meridian: 6
9. Field Name: GREENWOOD Field Code: 33250

Completed Interval

FORMATION: TOPEKA Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 06/06/2016 End Date: 06/08/2016 Date of First Production this formation: 04/15/1985
Perforations Top: 3211 Bottom: 3216 No. Holes: 32 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: [ ]

pull rods and tubing, test tubing for leaks, replace 3 joints, run tubing back in hole treat pipe and hole with 750 gal. of HCL 15% chase with 1000 gallons of fresh water. swab into tank, run rods in hole, put well back to pump. well on vacuum during entire work over.

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

Total fluid used in treatment (bbl): 41
Total gas used in treatment (mcf): 0
Type of gas used in treatment:
Total acid used in treatment (bbl): 17
Recycled water used in treatment (bbl): 0
Fresh water used in treatment (bbl): 24
Total proppant used (lbs): 0
Max pressure during treatment (psi): 0
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals: 1
Flowback volume recovered (bbl): 0
Disposition method for flowback: DISPOSAL
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:

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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: JOHN LEVENGOOD

Title: PRESIDENT Date: 7/11/2016 Email: jlevengood@gmail.com  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2452493	FORM 5A SUBMITTED

Total Attach: 1 Files

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