

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, reoperation 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) 809-0630
Fax: (330) 809-0670
Email: JLevengood07@gmail.com

5. API Number 05-009-06349-00
6. County: BACA
7. Well Name: VANCE
Well Number: 1-2
8. Location: QtrQtr: S2SW Section: 2 Township: 32S Range: 44W Meridian: 6
9. Field Name: PLAYA Field Code: 69350

Completed Interval

FORMATION: TOPEKA Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 06/10/2016 End Date: 06/10/2016 Date of First Production this formation: 04/24/1982
Perforations Top: 3118 Bottom: 3318 No. Holes: 78 Hole size:

Provide a brief summary of the formation treatment:

Open Hole: [ ]

Pull rods and pump. Dump 750 gallons of 15% HCL down tubing on vacuum, chase with 500 gallons of KcL 2% fresh water, dump additional KcL 2% fresh water down casing on vacuum. Swab 10 barrels into stock tank, run pump back in well.

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

Total fluid used in treatment (bbl): 41
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl): 18
Recycled water used in treatment (bbl): 0
Fresh water used in treatment (bbl): 23
Total proppant used (lbs):
Max pressure during treatment (psi): 0
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl): 0
Disposition method for flowback:
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: 2 + 3/8 Tubing Setting Depth: 3352 Tbg setting date: 06/10/2016 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: 7/21/2016 Email: JLevengood07@gmail.com  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2452495	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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