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|---|--|--|---|----|----|----|----|
| <b>FORM 5A</b><br>Rev 06/12   | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> | DE | ET | OE | ES |
| DE  | ET   | OE   | ES  |    |    |    |    |
| <b>COMPLETED INTERVAL REPORT</b>  |  |  | Document Number:<br>401420037<br><br>Date Received:   |    |    |    |    |
| 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. |  |  |   |    |    |    |    |

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| 1. OGCC Operator Number: <u>10531</u><br>2. Name of Operator: <u>VANGUARD OPERATING LLC</u><br>3. Address: <u>5847 SAN FELIPE #3000</u><br>City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77057</u> | 4. Contact Name: <u>Scott Ghan</u><br>Phone: <u>(970) 876-1959</u><br>Fax: _____<br>Email: <u>sghan@vnrlc.com</u> |
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| 5. API Number <u>05-045-08097-00</u><br>7. Well Name: <u>GIBSON GULCH UNIT</u><br>8. Location: QtrQtr: <u>SWSW</u> Section: <u>28</u> Township: <u>6S</u><br>9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u> | 6. County: <u>GARFIELD</u><br>Well Number: <u>4-33</u><br>Range: <u>91W</u> Meridian: <u>6</u> |
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**Completed Interval**

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| FORMATION: <u>WILLIAMS FORK</u>                      | Status: <u>TEMPORARILY ABANDONED</u>   | Treatment Type: _____                          |
| Treatment Date: _____                                | End Date: _____  | Date of First Production this formation: _____ |
| Perforations Top: <u>5039</u>                        | Bottom: <u>5700</u>  | No. Holes: <u>31</u> Hole size: <u>21/64</u>   |
| Provide a brief summary of the formation treatment:  | Open Hole: <input type="checkbox"/>  |  |
| This formation is commingled with another formation: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> |  |
| 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: <u>2 + 3/8</u> | Tubing Setting Depth: <u>5008</u> | Tbg setting date: <u>09/27/2017</u> | Packer Depth: <u>5000</u> |                |

Reason for Non-Production: This well has been TA'd for Offset Well Safety with a packer set at 5,000'.

Date formation Abandoned: 09/27/2017   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: Julie Webb

Title: Senior Regulatory Analyst Date: \_\_\_\_\_ Email: jwebb@progressivepcs.net  
:

### Attachment Check List

**Att Doc Num**      **Name**

|           |                    |
|-----------|--------------------|
| 401421537 | OPERATIONS SUMMARY |
|-----------|--------------------|

Total Attach: 1 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

|  |  |                     |
|--|--|---------------------|
|  |  | Stamp Upon Approval |
|--|--|---------------------|

Total: 0 comment(s)