

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

401484555

Date Received:

12/13/2017

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: 10254
2. Name of Operator: RED MESA HOLDINGS/O&G LLC
3. Address: 5619 DTC PARKWAY - STE 800
City: GREENWOOD State: CO Zip: 80111
4. Contact Name: Mark Weems
Phone: (970) 259-4587
Fax:
Email: mark.weems@state.co.us

5. API Number 05-067-07085-00
6. County: LA PLATA
7. Well Name: TALBOT-WIDEMAN
Well Number: 13-1
8. Location: QtrQtr: NESW Section: 13 Township: 33N Range: 12W Meridian: N
9. Field Name: RED MESA Field Code: 72890

Completed Interval

FORMATION: DAKOTA Status: TEMPORARILY ABANDONED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 3564 Bottom: 3583 No. Holes: 48 Hole size:

Provide a brief summary of the formation treatment: Open Hole: ☐

Plug #1 CIBP @ 3586' 8 sx cmt
Plug #2 Perf 2600' CR @ 2550' 43 sx, T/cmt at 2455'

This formation is commingled with another formation: ☐ Yes ☒ 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: ☐

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: Operator is out of business.

Date formation Abandoned: 11/13/2017 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 3586 ** Sacks cement on top: 8 ** Wireline and Cement Job Summary must be attached.

Comment:

This well has been temporarily abandoned through the COGCC ODO Program.

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

Signed: _____

Print Name: Mark Weems

Title: Engineer

Date: 12/13/2017

Email mark.weems@state.co.us

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Attachment Check List

Att Doc Num

Name

401484734

WELLBORE DIAGRAM

401484736

WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Stamp Upon Approval

Total: 0 comment(s)