

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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Date Received:

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: 52530 4. Contact Name: Ryan Warner  
 2. Name of Operator: MAGPIE OPERATING, INC Phone: (970) 669-6308  
 3. Address: 2707 SOUTH COUNTY RD 11 Fax: (970) 669-6396  
 City: LOVELAND State: CO Zip: 80537 Email: magpieoil@yahoo.com

5. API Number 05-069-06281-00 6. County: LARIMER  
 7. Well Name: STATE ANDERSON Well Number: 1-36  
 8. Location: QtrQtr: NWNE Section: 36 Township: 5N Range: 68W Meridian: 6  
 9. Field Name: JOHNSON'S CORNER Field Code: 42570

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_

Treatment Date: 01/07/1997 End Date: \_\_\_\_\_ Date of First Production this formation: 01/08/1997

Perforations Top: 7056 Bottom: 7080 No. Holes: 96 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Perforated Codell. No fracture or acid job was performed.

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: 2 + 7/8 Tubing Setting Depth: 7027 Tbg setting date: 01/08/1997 Packer Depth: 7027

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:

This is to report Codell perforations that were never fractured or acidized.

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

Signed: \_\_\_\_\_ Print Name: Ryan Warner

Title: Vice President Date: \_\_\_\_\_ Email magpieoil@yahoo.com  
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### Attachment Check List

**Att Doc Num**      **Name**

401549412	WIRELINE JOB SUMMARY
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Total Attach: 1 Files

### General Comments

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

		Stamp Upon Approval
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Total: 0 comment(s)