

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401549419

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

5. API Number 05-069-06296-00 6. County: LARIMER 7. Well Name: EDLUND Well Number: 1 8. Location: QtrQtr: NWNE Section: 35 Township: 5N Range: 68W Meridian: 6 9. Field Name: JOHNSON'S CORNER Field Code: 42570

Completed Interval

FORMATION: CODELL Status: ACTIVE Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/06/2004 End Date: 02/06/2004 Date of First Production this formation: 02/07/2004

Perforations Top: 7130 Bottom: 7140 No. Holes: 40 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

Perforate and Fracture treatment of the Codell.

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

Total fluid used in treatment (bbl): 1109 Max pressure during treatment (psi): 4171

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: Min frac gradient (psi/ft): 0.99

Total acid used in treatment (bbl): 12 Number of staged intervals: 1

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 1097 Disposition method for flowback:

Total proppant used (lbs): 75000 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:

This is to report a perforate and fracture treatment of the Codell.

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
:

Attachment Check List

Att Doc Num **Name**

401549420	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)