

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:

401752607

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: 95620
2. Name of Operator: WESTERN OPERATING COMPANY
3. Address: 1165 DELAWARE STREET #200
City: DENVER State: CO Zip: 80204
4. Contact Name: Steve James
Phone: (303) 8932438
Fax:
Email: steve@westernoperating.com

5. API Number 05-087-05179-00
6. County: MORGAN
7. Well Name: PETERSON P F
Well Number: 1
8. Location: QtrQtr: SWSE Section: 22 Township: 1N Range: 56W Meridian: 6
9. Field Name: SAND RIVER Field Code: 76300

Completed Interval

FORMATION: D SAND Status: INJECTING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 09/06/1954
Perforations Top: 5144 Bottom: 5151 No. Holes: 106 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
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:
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:

I have attached a surface diagram, a wellbore diagram that shows the surface casing cement tops and the production casing cement tops (that should clear up the confusion regarding cement placement), as well as the driller's log showing the cement placement. Western is considering this an EOR project as they feel that if the economics become feasible, this unit may become viable if stimulated in the future.

No CBL was done or will be done and the information for this well has been pulled from historic files (as it is an old well) and files from the COGCC website and should be adequate. I will follow up with a Form 4 to change the well to IJ and follow up with an email and a phone call. Thank you for your patience and guidance on this matter.

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

Signed: _____ Print Name: Eric Lang
Title: Project Geologist Date: _____ Email: elang@ltenv.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401765347	OTHER
401765368	COMPLETED INTERVAL REPORT
401765385	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)