

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 10330 4. Contact Name: Jim Chisholm
2. Name of Operator: INVESTMENT EQUIPMENT LLC Phone: (405) 642-9437
3. Address: 412 W PLATTE AVE City: FT MORGAN State: CO Zip: 80701 Fax: (970) 867-8374 Email: investmentequipment@gmail.com

5. API Number 05-061-06865-00 6. County: KIOWA
7. Well Name: TRADE WINDS Well Number: 2-21
8. Location: QtrQtr: SWSE Section: 21 Township: 18S Range: 47W Meridian: 6
9. Field Name: LEFT HAND Field Code: 48880

Completed Interval

FORMATION: LANSING-KANSAS CITY Status: ACTIVE Treatment Type: ACID JOB

Treatment Date: 11/08/2018 End Date: 11/09/2018 Date of First Production this formation: 11/09/2018
Perforations Top: 4232 Bottom: 4235 No. Holes: 12 Hole size: 3/8

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

Spot 250 gallons 15% HCL Acid Load Tubing with water and went on vacuum

This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl): 26 Max pressure during treatment (psi): 0
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.00
Type of gas used in treatment: Min frac gradient (psi/ft): 0.00
Total acid used in treatment (bbl): 6 Number of staged intervals: 0
Recycled water used in treatment (bbl): 20 Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: [X]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/10/2018 Hours: 24 Bbl oil: 51 Mcf Gas: Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 51 Mcf Gas: Bbl H2O: 0 GOR: 0
Test Method: Pumping Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: 38
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.

FORMATION: PAWNEE Status: ACTIVE Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 11/09/2018
 Perforations Top: 4280 Bottom: 4282 No. Holes: 8 Hole size: 3/8
 Provide a brief summary of the formation treatment: _____ Open Hole:

No treatment

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 0 Max pressure during treatment (psi): 0
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.00
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.00
 Total acid used in treatment (bbl): 0 Number of staged intervals: 0
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
 Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/10/2018 Hours: 24 Bbl oil: 51 Mcf Gas: _____ Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 51 Mcf Gas: _____ Bbl H2O: 0 GOR: 0
 Test Method: Pumping Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: 38
 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:
 Investment Equipment LLC completed the Pawnee and Lansing Kansas City intervals. A small acid treatment was given to the Lansing Kansas-City, and the well was hung on for production. Commingled with old Marmaton perforations.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: Jim Chisholm
 Title: Managing Member Date: _____ Email: investmentequipment@gmail.com

Attachment Check List

Att Doc Num	Name
401837937	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)