

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:

401699308

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: Steven James  
Phone: (303) 893-2438  
Fax: (303) 629-5735  
Email: steve@westernoperating.com

5. API Number 05-001-09394-00  
6. County: ADAMS  
7. Well Name: LINNEBUR  
Well Number: 21-8  
8. Location: QtrQtr: E2NW Section: 8 Township: 3S Range: 60W Meridian: 6  
9. Field Name: BUSY BEE Field Code: 9000

Completed Interval

FORMATION: D SAND Status: TEMPORARILY ABANDONED Treatment Type:  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: 6388 Bottom: 6494 No. Holes: 107 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: Non Economical  
Date formation Abandoned: 04/19/2018 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt  
\*\* Bridge Plug Depth: 6288 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type: \_\_\_\_\_

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

Perforations Top: 6388 Bottom: 6494 No. Holes: 107 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: Non-Economical

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 6288 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

Comment:

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

Signed: \_\_\_\_\_ Print Name: Steven D James

Title: President Date: \_\_\_\_\_ Email: steve@westernoperating.com

**Attachment Check List**

| Att Doc Num | Name                 |
|-------------|----------------------|
| 401699344   | CEMENT JOB SUMMARY   |
| 401699349   | WIRELINE JOB SUMMARY |

Total Attach: 2 Files

**General Comments**

| User Group | Comment | Comment Date        |
|------------|---------|---------------------|
|            |         | Stamp Upon Approval |

Total: 0 comment(s)