

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: 2212269

Date Received: 04/11/2016

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
2. Name of Operator: INVESTMENT EQUIPMENT LLC
3. Address: 412 W PLATTE AVE
City: FT MORGAN State: CO Zip: 80701
4. Contact Name: DAVE REBOL
Phone: (970) 867-9007
Fax: (970) 867-8374
Email: daverebol@hotmail.com

5. API Number 05-075-09264-00
6. County: LOGAN
7. Well Name: COLORADO
Well Number: 1-10
8. Location: QtrQtr: SWSW Section: 10 Township: 6N Range: 52W Meridian: 6
9. Field Name: MOOSE Field Code: 56030

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 06/15/1993 End Date: Date of First Production this formation: 06/15/1993
Perforations Top: 4547 Bottom: 4551 No. Holes: 12 Hole size: 3/4

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

350 gal 7.5% HCL. 150 gal 10% Acetic acid
300 gal 5% acid w/Fapp iron sequestrion agent, inhibitor, surfactant, demulsifier penetrating acid

This formation is commingled with another formation: [ ] Yes [X] 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: 06/09/1993 Hours: 24 Bbl oil: 36 Mcf Gas: 10 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: 278
Test Method: Pump Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 37
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:

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

Signed: \_\_\_\_\_ Print Name: DAVE REBOL

Title: MEMBER Date: 4/6/2016 Email: daverebol@hotmail.com  
:

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2212268	OTHER
2212269	FORM 5A SUBMITTED

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### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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