

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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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 sequestron agent, inhibitor, surfactant, demulsifier penetrating acid

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: 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

Att Doc Num Name

2212268	OTHER
2212269	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

User Group Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)