

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/20/2011 End Date: 03/20/2011 Date of First Production this formation: 03/29/2011

Perforations Top: 6400 Bottom: 6664 No. Holes: 88 Hole size: 40/100

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

Niobrara and Codell completed with 6428 bbls Fluid Phaser Gel fluid, 24 bbl 15% HCl, 263,720 lbs 30/50 sand, 246,320 lbs 20/40 sand

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 6452 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): 24 Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 6428 Disposition method for flowback: _____

Total proppant used (lbs): 510040 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/29/2011 Hours: 24 Bbl oil: 47 Mcf Gas: 5 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 47 Mcf Gas: 5 Bbl H2O: 0 GOR: 106

Test Method: Flowing Casing PSI: 884 Tubing PSI: _____ Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 42

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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/20/2011 End Date: Date of First Production this formation: 03/29/2011

Perforations Top: 6400 Bottom: 6664 No. Holes: 80 Hole size: 40/100

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: Due to the age of this well, the following data is not available in the well file: end date of frac treatment, max pressure during treatment, fluid density at initial fracture, min frac gradient, number of staged intervals, flowback volume recovered, disposition method for flowback, if Rule 805 green completion techniques were utilized, tubing psi for 24 hour test. This Form 5A is being submitted to cleanup the well file by request of the COGCC.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. Signed: Ashley Noonan Print Name: Ashley Noonan Title: Sr. Regulatory Analyst Date: Email: anoonan@progressivepcs.net

Attachment Check List

Table with 2 columns: Att Doc Num, Name

Total Attach: 0 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Includes Stamp Upon Approval

Total: 0 comment(s)