

**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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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: <u>35080</u>	4. Contact Name: <u>MICHAEL REILLY</u>
2. Name of Operator: <u>GRAND MESA OPERATING CO</u>	Phone: <u>(316) 265-3000</u>
3. Address: <u>1700 N. WATERFRONT PKWY BL 600</u>	Fax: <u>(316) 265-3455</u>
City: <u>WICHITA</u> State: <u>KS</u> Zip: <u>67206</u>	Email: <u>MREILLY@GMOCKS.COM</u>

5. API Number <u>05-073-06758-00</u>	6. County: <u>LINCOLN</u>
7. Well Name: <u>DIXIE</u>	Well Number: <u>1-5</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>5</u> Township: <u>11S</u> Range: <u>54W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	

### Completed Interval

FORMATION: MARMATON Status: PRODUCING Treatment Type: ACID JOB  
Treatment Date: 02/13/2019 End Date: 02/18/2019 Date of First Production this formation: 04/26/2019  
Perforations Top: 6732 Bottom: 6738 No. Holes: 24 Hole size: 0.52

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

2/13/19 ProStim pumped 20bbls 3%KCL water dwn annulus as packer fluid. Then pumped 250gals 7.5 MCA Acid and 42bbls 2% KCL Biocide.  
2/14/19 ProStim pumped 1,000gals 20% MCA Acid w/10gals RAS and 40bbls KCL flush.  
2/18/19 ProStim pumped 10,000gals 20% NE/FE HC1 gelled acid.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 430 Max pressure during treatment (psi): 3350  
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): 268 Number of staged intervals:  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): 162 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: 04/26/2019 Hours: 12 Bbl oil: 65 Mcf Gas: 13 Bbl H2O: 27  
Calculated 24 hour rate: Bbl oil: 130 Mcf Gas: 26 Bbl H2O: 54 GOR:  
Test Method: Pumping Casing PSI: Tubing PSI: Choke Size:  
Gas Disposition: FLARED Gas Type: DRY Btu Gas: 0 API Gravity Oil: 33  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 6763 Tbg setting date: 02/22/2019 Packer Depth:

Reason for Non-Production: Don't have BTU gas tested yet will send in our Gas Analysis on a Form 4

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:

WE HAD TO WAIT ON THE PUMPING UNIT TO ARRIVE AND THE ELECTRICITY TO BE HOOKED UP BEFORE WE COULD START THE UNIT.

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

Signed: Print Name: MICHAEL REILLY  
Title: PRESIDENT Date: Email MREILLY@GMOCKS.COM

### Attachment Check List

Att Doc Num	Name
401962082	OTHER
401962084	WIRELINE JOB SUMMARY

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)