

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:

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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: 10539
2. Name of Operator: UTAH GAS OP LTD DBA UTAH GAS CORP
3. Address: 1125 ESCALANTE DR
City: RANGELY State: CO Zip: 81648
4. Contact Name: Norm Schwalm
Phone: (303) 8085049
Fax:
Email: nschwalm@utahgascorp.com

5. API Number 05-103-10003-00
6. County: RIO BLANCO
7. Well Name: DOUGLAS CREEK UNIT
Well Number: 78X
8. Location: QtrQtr: NESW Section: 5 Township: 3S Range: 101W Meridian: 6
9. Field Name: DOUGLAS CREEK Field Code: 17600

Completed Interval

FORMATION: CASTLEGATE Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 180 Bottom: 202 No. Holes: Hole size: 6 + 1/4
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: 2 + 3/8 Tubing Setting Depth: 198 Tbg setting date: 01/15/2000 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:

This form 5a is resolve a discrepancy with the producing interval. Completed interval documents on the COGCC website have the open hole completion from 198'-202' but the actual open hole interval is 180'-202'. The production tubing is landed at 198' which where the mistake probably came from. Please see attached drilling documents for the corrections. Pg 13 describes the open hole interval. Pg 14 describes landing the production tubing. Please note UGC is correcting a reporting mistake by the previous operator.

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

Signed: _____

Print Name: Rob Bleil

Title: Reg Mgr. _____

Date: _____

Email rbleil@utahgascorp.com

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Attachment Check List

Att Doc Num

Name

402146116

OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)