

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:

402169431

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: 52530
2. Name of Operator: MAGPIE OPERATING INC
3. Address: 2707 SOUTH COUNTY RD 11
City: LOVELAND State: CO Zip: 80537
4. Contact Name: Ryan Warner
Phone: (970) 669-6308
Fax:
Email: magpieoil@yahoo.com

5. API Number 05-069-06142-00
6. County: LARIMER
7. Well Name: BADER-COLLINS
Well Number: 1
8. Location: QtrQtr: NWSW Section: 31 Township: 5N Range: 68W Meridian: 6
9. Field Name: LOVELAND Field Code: 52000

Completed Interval

FORMATION: NIOBRARA-CODELL Status: SHUT IN Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 4534 Bottom: 4875 No. Holes: 81 Hole size:

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

Set CIBP + 2 sx cement at 4490' for safety prep

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:

Set CIBP + 2 sx cement at 4490' for safety prep

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

Signed: _____

Print Name: Sam Bradley

Title: Consultant

Date: _____

Email sb@s-companies.com

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Attachment Check List

Att Doc Num

Name

402169432

WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)