

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 52530
2. Name of Operator: MAGPIE OPERATING INC
3. Address: 2707 SOUTH COUNTY RD 11
City: LOVELAND State: CO Zip: 80537
4. Contact Name: Ross Warner
Phone: (970) 6696308
Fax:
Email: ross.magpieoil@gmail.com

5. API Number 05-121-06172-00
6. County: WASHINGTON
7. Well Name: LITTLE BEAVER UNIT
Well Number: 58
8. Location: QtrQtr: NESE Section: 6 Township: 2S Range: 56W Meridian: 6
9. Field Name: LITTLE BEAVER Field Code: 50200

Completed Interval

FORMATION: D SAND Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 5207 Bottom: 5231 No. Holes: 192 Hole size:
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: TA MIT
Date formation Abandoned: 05/20/2020 Squeeze: Yes No If yes, number of sacks cmt
** Bridge Plug Depth: 4980 ** Sacks cement on top: 2 ** 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: Ross Warner
Title: Compliance Date: _____ Email: ross.magpieoil@gmail.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402443155	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)