

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) 892-2109



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Document Number:
402456435

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>65110</u>	4. Contact Name: <u>JOSEPH FORMA</u>
2. Name of Operator: <u>O'BRIEN ENERGY RESOURCES CORP</u>	Phone: <u>(603) 427-2099</u>
3. Address: <u>18 CONGRESS ST STE 207</u>	Fax: <u>(603) 427-2499</u>
City: <u>PORTSMOUTH</u> State: <u>NH</u> Zip: <u>03801</u>	Email: <u>JOEFORMA@OBENERGY.COM</u>

5. API Number <u>05-123-20424-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>LOST CREEK O'BRIEN</u>	Well Number: <u>3-20</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>20</u> Township: <u>3N</u> Range: <u>62W</u> Meridian: <u>6</u>	
9. Field Name: <u>PEACOCK</u>	Field Code: <u>67955</u>

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type: _____

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

Perforations Top: 6824 Bottom: 6828 No. Holes: 16 Hole size: 3/8

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:

Please be advised that the Lost Creek #3 well has not produced since 6/01/2019. A CIBP has been set and TA status is being requested with an effective date of 2/20/20. Non-production is for the following reason, Extended excessive pipeline pressures have directly impacted the wells ability to produce sufficient volumes of natural gas into our gas purchasers pipeline. The low J Sand Reservoir Pressure is unable to compete with the historically high pipeline pressures. The increased pipeline pressures are a result of all the new Niobrara Shale gas that is now being produced into it. The Lost Creek #31 well is capable of producing approximately 10 mcf per day when line pressures are marginally high. When line pressures are low we estimate the well is capable of producing approximately 20 to 25 mcf per day. A decision was made to put the well in TA status while we wait for the pipeline pressures to subside. On 2/20/2020 a CIBP was set 50' above the perforations at a depth of 6774'

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6774 ** Sacks cement on top: 0 ** Wireline and Cement Job Summary must be attached.

Comment: _____

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

Signed: _____ Print Name: JOSEPH FORMA

Title: PRESIDENT Date: _____ Email: JOEFORMA@OBENERGY.COM

Attachment Check List

Att Doc Num	Name
402456437	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)