

FORM
5ARev
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



DE ET OE ES

Document Number:

402476613

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: 16830
 2. Name of Operator: CHOLLA PRODUCTION LLC
 3. Address: 10390 BRADFORD RD #201
 City: LITTLETON State: CO Zip: 80127
 4. Contact Name: EMILY HUNDLEY-GOFF
 Phone: (303) 623-4565
 Fax:
 Email: CHOLLA_PRODUCTION@MSN.COM

5. API Number 05-099-06360-00
 6. County: PROWERS
 7. Well Name: SANTA FE RANCH
 Well Number: 24-14
 8. Location: QtrQtr: SESW Section: 24 Township: 21S Range: 46W Meridian: 6
 9. Field Name: COMANCHE Field Code: 11625

Completed Interval

FORMATION: MISSISSIPPIAN Status: SHUT IN Treatment Type: ACID JOB
 Treatment Date: 06/02/2014 End Date: 06/03/2014 Date of First Production this formation: 06/05/1999
 Perforations Top: 4480 Bottom: 4814 No. Holes: Hole size: 7 + 5/8

Provide a brief summary of the formation treatment:

Open Hole: ☒

Well is open hole from 4480-4814. Before acid job tagged firm bottom at 4780. Perfed in OH 4772-4780. Performed acid treatment. Pumped 250 gal 15% MCA and let soak. Retreated with 2000 gal 20% gelled acid w/double FE. Pumped at 550# at 2 BPM. Re-ran tubing. SN at 4750 (30' off bottom).

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 99

Max pressure during treatment (psi): 550

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): 53

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 46

Disposition method for flowback: DISPOSAL

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: 07/14/2014 Hours: 24 Bbl oil: 6 Mcf Gas: 0 Bbl H2O: 34
 Calculated 24 hour rate: Bbl oil: 6 Mcf Gas: 0 Bbl H2O: 34 GOR:
 Test Method: pumping Casing PSI: Tubing PSI: Choke Size:
 Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 40
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 4750 Tbg setting date: 06/04/2014 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:

| |
|--|
| |
|--|

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

Signed: _____

Print Name: Emily Hundley-Goff

Title: Owner/Mgr.

Date: _____

Email: cholla_production@msn.com

:

Attachment Check List

Att Doc Num **Name**

| | |
|--|--|
| | |
|--|--|

Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

| | | |
|--|--|------------------------|
| | | Stamp Upon Approval |
|--|--|------------------------|

Total: 0 comment(s)