

FORM
5A
Rev
09/20

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:
402785455

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: 61650
2. Name of Operator: MURFIN DRILLING COMPANY INC
3. Address: 250 N WATER ST STE 300
City: WICHITA State: KS Zip: 67202
4. Contact Name: Tom Melland
Phone: (316) 858-8659
Fax: _____
Email: tmelland@murfininc.com

5. API Number 05-017-06464-00
6. County: CHEYENNE
7. Well Name: LOWE
Well Number: 8-12
8. Location: QtrQtr: NWNW Section: 12 Township: 16S Range: 45W Meridian: 6
9. Field Name: GOLDEN SPIKE Field Code: 30650

Completed Interval

FORMATION: MISSISSIPPIAN Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 07/08/2021 End Date: 07/07/2021 Date this Formation was Completed: 10/15/1984
Perforations Top: 5326 Bottom: 5370 No. Holes: 88 Hole size: 1/2 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

Acid to clean up perms/formation. Verbal OK of treatment by Stephen Wolfe on 7/7/21.
Pump 24 Bbls. 15% NE DSFE HCL w/Diverter, 48 Bbls. 15% Mod 202
HCL, Flush w/81 Bbls. 2% KCL w/biocide. Treat at 6 BPM, 690 Psi. SD, ISIP Vac. Total load 153 Bbls.
Swabbed back 226 barrels of fluid.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 153 Max pressure during treatment (psi): 690
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): 71 Number of staged intervals: _____
Recycled or Reused Fluids used in treatment (bbl): 82 Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 0 Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date 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 + 7/8 Tubing Setting Depth: 5403 Tbg setting date: 07/12/2021 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:

While repairing tubing leak decided to clean up perms and formation with acid job. Stephen Wolfe gave verbal OK for acid job on 7/8/21.

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

Signed: _____ Print Name: Tom Melland
Title: Production Engineer Date: _____ Email: tmelland@murfininc.com

Attachment List

Att Doc Num	Name
402785952	OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)