

**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) 894-2109



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Document Number:  
402858804

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>11001</u>	4. Contact Name: <u>mark brown</u>
2. Name of Operator: <u>BROWN OIL &amp; GAS LLC</u>	Phone: <u>(970) 522-1072</u>
3. Address: <u>10481 COUNTY ROAD 20.5</u>	Fax: _____
City: <u>STERLING</u> State: <u>CO</u> Zip: <u>80751</u>	Email: <u>brownoilandgas1@gmail.com</u>

5. API Number <u>05-075-09346-00</u>	6. County: <u>LOGAN</u>
7. Well Name: <u>JULIE CAMPBELL</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>8</u> Township: <u>11N</u> Range: <u>54W</u> Meridian: <u>6</u>	
9. Field Name: <u>SCARP</u>	Field Code: <u>76700</u>

## Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 10/23/2021 End Date: 10/23/2021 Date this Formation was Completed: 10/31/2006

Perforations Top: 5270 Bottom: 5280 No. Holes: 40 Hole size: 0.39 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.

water used = 312 bbls  
20/40 sand = 15314 total -1 stage  
no acid used

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): 5083

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.69

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 312 Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): 15314

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

10/23/2021 Hours: 6 Bbl oil: 0 Mcf Gas: 25 Bbl H2O: 20

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 100 Bbl H2O: 80 GOR: 25000

Test Method: swabbing Casing PSI: 30 Tubing PSI: 10 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1487 API Gravity Oil: 34

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5250 Tbg setting date: 10/23/2021 Packer Depth: 5250

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:

Choke size is not applicable

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

Signed: \_\_\_\_\_ Print Name: mark brown

Title: president Date: \_\_\_\_\_ Email: brownoilandgas1@gmail.com

## Attachment List

**Att Doc Num**      **Name**

402896349	OPERATIONS SUMMARY
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Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)