

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:

401549419

Date Received:

03/05/2018

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: Ryan Warner
 Phone: (970) 669-6308
 Fax: (970) 669-6396
 Email: magpieoil@yahoo.com

5. API Number 05-069-06296-00
 6. County: LARIMER
 7. Well Name: EDLUND
 Well Number: 1
 8. Location: QtrQtr: NWNE Section: 35 Township: 5N Range: 68W Meridian: 6
 9. Field Name: JOHNSON'S CORNER Field Code: 42570

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 02/06/2004 End Date: 02/06/2004 Date of First Production this formation: 02/07/2004
 Perforations Top: 7130 Bottom: 7140 No. Holes: 40 Hole size: 3/8

Provide a brief summary of the formation treatment:

Open Hole: ☐

Perforate and Fracture treatment of the Codell.

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

Total fluid used in treatment (bbl): 1109

Max pressure during treatment (psi): 4171

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.99

Total acid used in treatment (bbl): 12

Number of staged intervals: 1

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 1097

Disposition method for flowback:

Total proppant used (lbs): 75000

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:

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:

This is to report a perforate and fracture treatment of the Codell.

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

Signed: _____

Print Name: Ryan Warner

Title: Vice President

Date: 3/5/2018

Email magpieoil@yahoo.com

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Attachment List

Att Doc Num

Name

401549419	FORM 5A SUBMITTED
401549420	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Permit	Added hole size per attached wireline ticket. Corrected status from "Active" to "Producing." Emailed operator regarding missing form 7 reporting 2/2014-7/2017. Requested further detail regarding frac job.	01/08/2020
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Total: 1 comment(s)