

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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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: Cristina Goodrich

Phone: (316) 858-8664

Fax:

Email: cgoodrich@murfininc.com

5. API Number 05-009-06483-00

7. Well Name: S.E. CAMPO UNIT

8. Location: QtrQtr: SENW Section: 1 Township: 35S Range: 46W Meridian: 6

9. Field Name: CAMPO Field Code: 9850

6. County: BACA

Well Number: 602

## Completed Interval

FORMATION: LANSING Status: TEMPORARILY ABANDONED Treatment Type: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date this Formation was Completed: \_\_\_\_\_  
Perforations Top: 3960 Bottom: 3978 No. Holes: 72 Hole size: 01/2 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.

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 or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): \_\_\_\_\_ 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 + 3/8 Tubing Setting Depth: 4029 Tbg setting date: 06/28/1990 Packer Depth: \_\_\_\_\_

Reason for Non-Production: 

The Lansing formation has been TA'd in preparation of recompleting to the Neva formation. The well is secured with tubing setting in a tubing head at surface with valve and bull plug in the top of tubing.

Date formation Abandoned: 05/06/2021 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: Jessica Donahue  
Title: Compliance Specialist Date: \_\_\_\_\_ Email: jdonahue@ardorenvironmental.com

## Attachment List

**Att Doc Num** **Name**

Total Attach: 0 Files

## General Comments

**User Group** **Comment** **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)