

FORM
5A
Rev
09/20

State of Colorado
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
403818459

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. ECMC Operator Number: 96730
2. Name of Operator: WILLIFORD ENERGY COMPANY
3. Address: 6060 AMERICAN PLAZA SUITE 760
City: TULSA State: OK Zip: 74135
4. Contact Name: Doug Storts
Phone: (918) 495-2710
Fax: _____
Email: pds@willifordenergy.com

5. API Number 05-017-06632-00
6. County: CHEYENNE
7. Well Name: RHOADES UNIT
Well Number: 5-7
8. Location: QtrQtr: SENW Section: 32 Township: 13S Range: 48W Meridian: 6
9. Field Name: RHOADES Field Code: 73410

Completed Interval

FORMATION: KEYES Status: ABANDONED WELLBORE/COMPLETION Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/09/1987 End Date: 06/10/1987 Date this Formation was Completed: _____
Perforations Top: 5516 Bottom: 5523 No. Holes: 28 Hole size: 43/100 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.

Frac Keys zone w/ 9,500 gals gelled water w/ 2,700 # 12/20 sand - Screened out. Shut Down. Reverse circulation with clean fluid until clean returns are observed.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 229 Max pressure during treatment (psi): 4000
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): 4000

Fracture stimulations must be reported on FracFocus.org

Test Information:

06/10/1987 Hours: 24 Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 8 GOR: 0
Test Method: pumping 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: The completion was unsuccessful. A screen-out occurred during the frac.

Date formation Abandoned: 08/22/1987 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 5502 ** Sacks cement on top: 1 ** 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: Pamela Richards
Title: Analyst Date: _____ Email: prichards@willifordenergy.com

ATTACHMENT LIST

Att Doc Num	Name
403823577	OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)