

State of Colorado
Oil and Gas Conservation Commission

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



For COGCC Use Only

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 page for each formation. Attach as many pages as required to fully describe the work. List in order of completion. The completion date for a formation is the Treatment End Date. Reported quantities shall be the total amounts used and recovered as of the submittal date of this form.

OGCC Operator Number: _____		Operator Contact	
Name of Operator: _____		Name: _____	
Address: _____		Phone: _____	
City: _____	State: _____	Zip: _____	FAX: _____
email: _____			
API Number: 05- _____		Sidetrack: _____	County: _____
Well Name: _____		Well Number: _____	
Location (QtrQtr, Sec, Twp, Rng, Meridian): _____			
Field Code: _____		Field Name: _____	

Complete the
Attachment
Checklist

OP OGCC

Wellbore Diagram	76	
Net Pressure Chart	77	
Wireline Summary	78	
Cement Summary	79	
	80	

Formation: _____

Status: _____

Date of First Production for this formation: _____ This formation is commingled with another formation ☒ 22
Tubing Size: _____ Tubing Setting Depth: _____ Tbg Setting Date: _____ Packer Depth: _____

Formation Treatment

Treatment Type: _____

Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole Size: _____ Open Hole: ☒ 32

Provide a brief summary of the formation treatment: Treatment Dates: Start: _____ End: _____

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 water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: 49
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/> 50
Fracture stimulations must be reported on FracFocus.org <input checked="" type="checkbox"/> 43	Reason why green completion not utilized: 51

Test Information

Test Date: _____	Bbls Oil: _____	Mcf Gas: _____	Bbls Water: _____	Test Hours: _____
Calculated 24 Hour Rate: _____	Bbls Oil: _____	Mcf Gas: _____	Bbls Water: _____	GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____ 65	Gas Type: _____ 66	BTU Gas: _____	API Gravity Oil: _____	

Formation Abandonment

Reason for Non-Production: _____

Date Formation Abandoned: _____ Squeezed: Yes ☐ 71 No ☐ If yes number of sacks cement: _____Bridge Plug Depth: _____ Sacks of cement on top of bridge plug: _____ 75 **Attach wireline and cement job summary.**

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

Print Name: _____ Email: _____

Signature: _____ 83 Title: _____ Date: _____