

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: _____

Complete the Attachment Checklist

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

API Number: 05-_____ Sidetrack: _____ County: _____
 Well Name: _____ Well Number: _____
 Location (QtrQtr, Sec, Twp, Rng, Meridian): _____
 Field Code: _____ Field Name: _____

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 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: _____