

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2071273

**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: 76840 4. Contact Name: JEFF SCHNEIDER  
2. Name of Operator: SCHNEIDER ENERGY SERVICES INC Phone: (970) 867-9437  
3. Address: P O BOX 297 Fax: (970) 867-9137  
City: FORT MORGAN State: CO Zip: 80701

5. API Number 05-123-25920-00 6. County: WELD  
7. Well Name: STATE Well Number: 2  
8. Location: QtrQtr: SWSE Section: 16 Township: 8N Range: 61W Meridian: 6  
9. Field Name: SEVEN CROSS Field Code: 77000

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>07/21/2008</u>	Date of First Production this formation: <u>07/22/2008</u>
Perforations Top: <u>6712</u> Bottom: <u>6720</u>	No. Holes: <u>32</u> Hole size: <u>3/8</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>PUMP 250,540# OF 20/40 FRAC SAND IN A GEL CARRIER/W 2801 BBLS OF H2O AND DISPLACED TO PERFORATIONS.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>07/21/2008</u> Hours: <u>12</u> Bbls oil: <u>6</u> Mcf Gas: <u>19</u> Bbls H2O: <u>78</u>	
Calculated 24 hour rate:	Bbls oil: <u>48</u> Mcf Gas: <u>150</u> Bbls H2O: <u>130</u> GOR: <u>0</u>
Test Method: <u>VENTING</u> Casing PSI: <u>160</u> Tubing PSI: <u></u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>VENTED</u> Gas Type: <u>WET</u> BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>4 + 1/2</u> Tubing Setting Depth: <u>7100</u> Tbg setting date: <u></u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

FORMATION: <u>J SAND</u>		Status: <u>ABANDONED COMPLETION</u>	
Treatment Date: <u>10/02/2007</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7222</u>	Bottom: <u>7228</u>	No. Holes: <u>24</u> Hole size: <u>3/8</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
PUMP AND DISPLACED 500 GAL ACID AND DISPLACED/W 26.3 BBLS H2O IN TO FORMATION.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>10/02/2007</u>	Hours: <u>12</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>30</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>60</u> GOR: <u>0</u>
Test Method: <u>vented</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: <u>VENTED</u>	Gas Type: _____	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7170</u>	Tbg setting date: <u>10/01/2007</u>	Packer Depth: <u>7170</u>
Reason for Non-Production:			
FORMATION WAS WET.			
Date formation Abandoned: <u>07/18/2008</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7100</u>		Sacks cement on top: <u>2</u>	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/21/2008</u>		Date of First Production this formation: <u>07/22/2008</u>	
Perforations	Top: <u>6422</u>	Bottom: <u>6720</u>	No. Holes: <u>216</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
COMMINGLE NB & CD			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>			
Date: <u>07/21/2008</u>	Hours: <u>12</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>19</u> Bbls H2O: <u>30</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>150</u> Bbls H2O: <u>30</u> GOR: <u>0</u>
Test Method: <u>vented</u>	Casing PSI: <u>350</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>
Gas Disposition: <u>VENTED</u>	Gas Type: <u>WET</u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production:			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 07/21/2008 Date of First Production this formation: 07/21/2008

Perforations Top: 6422 Bottom: 6636 No. Holes: 184 Hole size: 3/8

Provide a brief summary of the formation treatment: Open Hole: ☐

PUMP 137,980# OF 20/40 FRAC SAND IN A GEL CARRIERW/ 5474 BBLs OF H2O AND DISPLACED TO PERFORATIONS.

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

**Test Information:**

Date: 07/21/2008 Hours: 12 Bbls oil: 0 Mcf Gas: 19 Bbls H2O: 30

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 150 Bbls H2O: 60 GOR: 1

Test Method: VENTED Casing PSI: 350 Tubing PSI:          Choke Size: 14/64

Gas Disposition: VENTED Gas Type: WET BTU Gas: 0 API Gravity Oil: 0

Tubing Size: 4 + 1/2 Tubing Setting Depth: 7100 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:         

Comment:

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

Signed:          Print Name: KIRK WILLIAMS

Title: WSS Date: 9/14/2010 Email K.WILLIAMS@SCHNEIDERENERGY.COM  
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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 1/24/2011

**Attachment Check List**

Att Doc Num	Name
2071272	WELLBORE DIAGRAM
2071273	FORM 5A SUBMITTED

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)