FORM 5A

Rev 06/12

8. Location:

9. Field Name:

QtrQtr:

20

BAR X

## State of Colorado Oil and Gas Conservation Commission

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

Section:

4



Range: 104W

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Document Number:

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Date Received:

Meridian:

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03/03/2014

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 Op	erator Number:	10328			4. Contac	ct Name: Tyson Foutz
2. Name of C	perator: SOUTHWI	ESTERN ENERGY VE	ENTURES C	OMPANY	Phone:	(505) 3206275
3. Address:	PO BOX 1056					(970) 4031129
City:	BAYFIELD	State: CO	Zip:	81122	Email:	tyson@foutzconsulting.com
5. API Numb	er 05-077-1016 <sup>2</sup>	-00			6. County	MESA
7. Well Name	e: Thomas				Well Nu	umber: 5

Township:

Field Code:

9S

5470

			Completed	l Interval			
FORMATION: MORE	RISON	Sta	atus: PRODUCI	NG	Tre	eatment Type:	
Treatment Date: _	05/17/2012	End Date:	05/17/2012	Date of Fi	rst Production	this formation:	09/25/2013
Perforations	Top: 2402	Bottom:	2618	No. Holes: 104	4 Hole	e size:1/3	
Provide a brief sumr	nary of the formation	treatment:		Open Hole:			
white sand in 1, 2, 3 psig ATP. MIRU wii 2402-08', 2478-86',	s 7.5% HCL acid follo 3, and 4 ppg stages in reline and set fac plug 2504-06' for total of 820 lbs 16/30 white s sig @ 22 bpm	ı 70Q N2 Foaı ı @ 2,525' KB 18 0.34" holes	m @ 23 bpm. P . Pressure test t s. RD wireline ar	umped total of 377 bb to 4,000 psig. Perforand nd spearhead w/ 525	ol clean fluid an ate following de gal 7.5% HCl.	nd 72,000 SCF N2 epths 3 spf, 120 de Follow w/ 19.8 bbl	@ 2,200 gree phasing, linear gel
This formation is cor	mmingled with anothe	r formation:	Yes	<b>X</b> No			
Total fluid us	Total fluid used in treatment (bbl): 634 Max pressure during treatment (psi): 2938						):2938
Total gas use	ed in treatment (mcf):	122		Fluid	density at initi	al fracture (lbs/gal	): 8.34
Type of ga	as used in treatment:	NITROGEN			Min f	rac gradient (psi/ft	): 0.84
Total acid us	ed in treatment (bbl):	24			Number	of staged intervals	s: <u>2</u>
Recycled water us	ed in treatment (bbl):	0		I	Flowback volui	me recovered (bbl)	):377
Fresh water us	ed in treatment (bbl):	634	Disp	oosition method for flo	owback: D	ISPOSAL	
Total	proppant used (lbs):	101100		Rule 805 green	completion te	chniques were util	ized:
			Reason why	green completion not	t utilized: Pl	IPELINE	
	Fracture	stimulations	must be repor	ted on FracFocus.o	rg		
Test Information:							
Date: 09/25/2013	Hours:	4	Bbl oil: 0	Mcf Gas: _	70	Bbl H2O:	0
Calculated 24 hour rate:         Bbl oil:         0         Mcf Gas:         70         Bbl H2O:         0         GOR:         0						0	
Test Method: Flow	Test Method: Flow Casing PSI: 530 Tubing PSI: 270 Choke Size: 16/64						16/64
Gas Disposition: VENTED Gas Type: DRY Btu Gas: 800 API Gravity Oil: 0						0	
Tubing Size: 2+	3/8 Tubing Setting	g Depth: 2	399 Tbg	setting date: 05/1	7/2013	Packer Depth:	
Reason for Non-Pro	duction:						
Date formation Abar	ndoned:	Squeeze	e: Yes	No If yes	s, number of sa	acks cmt	
** Bridge Plug Depth		— Sacks cement	on top:	** Wirelin	e and Cement	Job Summary mu	st be attached.
Comment:							
Lhereby certify all st	atements made in this	s form are to	the best of my k	nowledge true corre	ect and comple	ete.	
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.  Signed: Print Name: Tyson Foutz							
	Title: Consultant Date: 3/3/2014 Email tyson@foutzconsulting.com					_	
				:			
Att Dog Num	Name	<u>Atta</u>	achment C	heck List			
Att Doc Num 400564940	Name FORM 5A SUBM	ITTED					
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	General Comme	<u>ents</u>
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