FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

s) 894- CO

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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. OGCC Operator Number: 4. Contact Name: Paul Gottlob 10373 2. Name of Operator: NGL WATER SOLUTIONS DJ LLC Phone: (720) 420-5747 3. Address: 3773 CHERRY CRK NORTH DR #1000 Fax: Email: paul.gottlob@iptenergyservices.com City: DENVER State: Zip: 80209 6. County: WELD 5. API Number 05-123-32858-00 7. Well Name: NGL Well Number: C8A QtrQtr: NESE Section: 29 8. Location: Township: 11N Range: 62W Meridian: 6 9. Field Name: UNNAMED Field Code: 85251 Completed Interval FORMATION: DENVER BASIN COMBINED Status: INJECTING Treatment Type: ACID JOB DISPOSAL ZONE 09/20/2011 End Date: 09/20/2011 Date of First Production this formation: Treatment Date: Top: 9044 Bottom: 10557 No. Holes: Perforations Hole size: Provide a brief summary of the formation treatment: Open Hole: X Entire exposed interval: 9,044'-10,557', Acid'zd w/ 2500 gal 15% HCL - see attached for detail. This formation is commingled with another formation: Yes X No Max pressure during treatment (psi): Total fluid used in treatment (bbl): 5320 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): 60 Number of staged intervals: Recycled water used in treatment (bbl): 260 Flowback volume recovered (bbl): Fresh water used in treatment (bbl): 5000 Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: Reason why green completion not utilized: Fracture stimulations must be reported on FracFocus.org **Test Information:** Mcf Gas: Bbl H2O: ____ Hours: Bbl oil: ____ Mcf Gas: Bbl H2O: Bbl oil: GOR: Calculated 24 hour rate: Tubing PSI: _____ Casing PSI: Choke Size: Test Method: Btu Gas: Gas Type: API Gravity Oil: Gas Disposition: Tubing Size: Tubing Setting Depth: Packer Depth: Tbg setting date: Reason for Non-Production: Squeeze: Yes No Date formation Abandoned: If yes, number of sacks cmt ** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:					
I hereby certify al	Il statements made in this	s form are, to the best of	my knowledge, true, corr	ect, and complete.	
Signed:			Print Name: Paul Go		
Title: Regulatory & Engin. Tech. Date: Email paul.gottlc					rvices.com
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		<u>Attachmer</u>	t Check List		
Att Doc Num	<u>Name</u>				
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Date Run: 5/5/2015 Doc [#400835119] Well Name: NGL C8A