FORM 5A

Rev 06/12

9. Field Name:

LONE PINE

State of Colorado Oil and Gas Conservation Commission

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



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Document Number:

2431408

Date Received:

11/14/2013

COMPL	ETED IN	ITERVAL	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 Oper 2. Name of Op	rator Number:103						4. Contact	et Name: <u>G</u> (303) 619-19	EORGE ROONEY		
3. Address: 390 UNION BLVD SUITE 620							Fax:				
City: L	AKEWOOD	State:	СО	Zip:	8022	8	Email:	GBROONEI	V@YAHOO.COM		_
5. API Number	05-057-06009-00						6. Cour	nty: JACKSO	N		\equiv
7. Well Name: SPAULDING, MARGARET						Well N	umber: 1				
8. Location:	QtrQtr: NWNE	Section:	28	Tow	nship:	9N	Ran	ge: 81W	Meridian:	6	

Field Code:

51375

			<u>Completed</u>	<u>d Interval</u>			
FORMATION: LAKOT	A	St	tatus: SHUT IN		Tro	eatment Type:	
Treatment Date:		End Date:		Date	of First Prod	uction this formation:	12/06/1971
Perforations	Top: 2440	Bottom:	2514	No. Holes:	0	Hole size:	
Provide a brief summ	ary of the formation t	reatment:		Open Hole:			
AND ISOLATED TH	E LAKOTA PERFS F .RD. THE 01/13/72 F	ROM 2526-70 ORM 5 SUBI	D' KB. 2570' IS	THE BOTTOM F	PERF, NOT 2	(S SET RBP AT 2518' 2572' AS INDICATED PRODUCING INTER'	ON CURRENT
This formation is com	mingled with another	formation:	Yes	▼ No			
Total fluid use	d in treatment (bbl):			Ma	ax pressure o	during treatment (psi):	
Total gas used	d in treatment (mcf):		_	Fluid	I density at ir	nitial fracture (lbs/gal):	
Type of gas	s used in treatment:				Mir	n frac gradient (psi/ft):	
Total acid use	d in treatment (bbl):				Numb	er of staged intervals:	_
Recycled water use	d in treatment (bbl):		_			lume recovered (bbl):	
	d in treatment (bbl):		_ [Disposition metho		· · · · · ·	
	oroppant used (lbs):			-		iques were utilized:	
·	,_		– Reason w	hy green complet	tion not utiliz	ed:	
	Fracture s	timulations		ted on FracFoci]	
					<u> </u>	J	
Test Information:							
Date:	Hours:	E	3bl oil:	Mcf G	as:	Bbl H2O:	
Calculated 24 hour ra	te: Bbl oil:	 Mc	f Gas:	- Bbl H: _	20:	GOR:	
Test Method:		Casin	g PSI:	Tubing F	PSI:	Choke Size:	
Gas Disposition:		— Gas	Type:	- Btu G	as:	API Gravity Oil:	
Tubing Size: 2 + 7	/8 Tubing Setting	Depth: 25	503 Tbg	setting date:	09/13/2013	Packer Depth:	
Reason for Non-Prod		LAKOTA PER			1972. CURR	ENT LAKOTA PERFS	FROM
Date formation Aband	doned: 04/27/1972	Squeeze	: Yes	▼ No I	f yes, numbe	er of sacks cmt	
** Bridge Plug Depth:	-	— acks cement				ement Job Summary n	nust be attached.
Comment:							Tuot bo attacrioa.
Comment.							
I hereby certify all sta	tements made in this	form are, to t	-	-		complete.	
Signed:				Print Name: geo			
Title: cosulting pe	etroluem	Date:	11/7/201	: Email (gbrooneyiv@	yanoo.com	
		Atta	chment C	heck List			
Att Doc Num	Name						
2431408	FORM 5A SUBMI	TTED					
2431409	WELLBORE DIAC						
2431410	OTHER						
2431411	OTHER						
2431412	WELLBORE DIAG	BRAM					
Total Attach: 5 Files	•						

	al Comments			
User Group	Comment	Com	ment Date	
Total: 0 comm	ent(s)	-		