

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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



Table with columns DE, ET, OE, ES

Document Number: 401099703

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: 10312 2. Name of Operator: PROSPECT ENERGY LLC 3. Address: 500 DALLAS STREET SUITE 1800 City: HOUSTON State: TX Zip: 77002 4. Contact Name: Sydney Smith Phone: (720) 3591598 Fax: Email: ssmith@progressivepcs.net

5. API Number 05-069-06306-00 6. County: LARIMER 7. Well Name: MSSU Well Number: 17-2 8. Location: QtrQtr: NWSW Section: 17 Township: 8N Range: 68W Meridian: 6 9. Field Name: FORT COLLINS Field Code: 25100

Completed Interval

FORMATION: MUDDY J Status: INJECTING Treatment Type: Treatment Date: End Date: Date of First Production this formation: 02/01/2013 Perforations Top: 4842 Bottom: 4864 No. Holes: 24 Hole size: Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: Yes No 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: 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:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: 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: ** Wireline and Cement Job Summary must be attached.

Comment:

On behalf of Prospect Energy LLC, this form is being submitted in order to update the status of the subject well from shut-in to injecting. The date of first injection was 2/1/2013.

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

Signed: _____ Print Name: Sydney Smith

Title: Regulatory Analyst Date: _____ Email ssmith@progressivepcs.net

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)