

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:

2512117

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: 75027 4. Contact Name: STACEY OWSTON
2. Name of Operator: ROSEWOOD RESOURCES INC Phone: (970) 848-2228
3. Address: 2101 CEDAR SPRINGS RD STE 1500 Fax: (970) 848-2245
City: DALLAS State: TX Zip: 75201

5. API Number 05-125-11230-00 6. County: YUMA
7. Well Name: CONRAD Well Number: 43-14
8. Location: QtrQtr: NESE Section: 14 Township: 3N Range: 46W Meridian: 6
9. Field Name: BUCKBOARD Field Code: 7680

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 2646 Bottom: 2664 No. Holes: 36 Hole size: 41/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
FRAC'D WITH 50,941 GALS OF FRAC 30# GEL & 70 QUALITY MAVFOAM W/100,040# 16/30 DANIELS SAND & 735,000 SCF N2
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 07/03/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 662 Bbls H2O: 43
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 607 Bbls H2O: 59 GOR: 0
Test Method: _____ Casing PSI: 241 Tubing PSI: _____ Choke Size: 20/64
Gas Disposition: _____ Gas Type: DRY BTU Gas: 1000 API Gravity Oil: 0
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: _____

Comment:

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

Signed: _____ Print Name: STACY OWSTON
Title: ADMIN. ASST. Date: 1/22/2010 Email: SOWSTON@ROSEWD.COM

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 G. Neslin
Director of COGCC

Date: 2/9/2011

Attachment Check List

Att Doc Num	Name
2512117	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)