

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:

2286826

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: 24461
2. Name of Operator: DIVERSIFIED OPERATING CORPORATION
3. Address: 15000 W 6TH AVE STE 102
City: GOLDEN State: CO Zip: 80401
4. Contact Name: BILL WARBURTON
Phone: (303) 384-9611
Fax: (303) 384-9612

5. API Number 05-123-31745-00
6. County: WELD
7. Well Name: ENDERSON
Well Number: 31-14
8. Location: QtrQtr: SESW Section: 31 Township: 12N Range: 59W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: J SAND Status: SHUT IN

Treatment Date: 10/21/2010 Date of First Production this formation: _____
Perforations Top: 7530 Bottom: 7540 No. Holes: 40 Hole size: 40/100

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

WELL IS FRACED WITH 100,000# OF PROPANT IN 1336 BBLS OF GELLED WATER. TREATED 25 BBLS PER MINUTE ATP 1059 PSIG.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 11/05/2010 Hours: 8 Bbls oil: 1 Mcf Gas: 0 Bbls H2O: 107
Calculated 24 hour rate: Bbls oil: 300 Mcf Gas: 0 Bbls H2O: 321 GOR: 333
Test Method: SWABBING Casing PSI: 260 Tubing PSI: _____ Choke Size: _____
Gas Disposition: VENTED Gas Type: WET BTU Gas: 0 API Gravity Oil: 1
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7720 Tbg setting date: 10/22/2009 Packer Depth: _____

Reason for Non-Production:

EVALUATING A POLYMER GEL SQUEEZE TO CONTROL WATER INFLUX.

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: BILL WARBURTON

Title: PETROLEUM ENGINEER Date: 1/4/2012 Email wlw@doccolo.com

Attachment Check List

Att Doc Num	Name
2286826	FORM 5A SUBMITTED
2531761	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	JSND - CHECK API GRAVITY FIELD REQUIRED IF BBLS OIL IS ENTERED.	1/30/2012 11:48:11 AM

Total: 1 comment(s)