

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



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Document Number:

2493927

Date Received:

12/08/2014

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: 10081
2. Name of Operator: WINDSOR ENERGY GROUP LLC
3. Address: 14301 CALIBER DR - SUITE 300
City: OKLAHOMA CITY State: OK Zip: 73134
4. Contact Name: EVALYN KAHILA
Phone: (307) 6860891
Fax: (307) 6860892
Email: ekahila@windsorenergy.com

5. API Number 05-103-07380-00
6. County: RIO BLANCO
7. Well Name: LITTLE GILLIAM
Well Number: 1
8. Location: QtrQtr: NWSW Section: 3 Township: 1N Range: 101W Meridian: 6
9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: MANCOS Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 09/22/1971
Perforations Top: 749 Bottom: 1041 No. Holes: 85 Hole size: 1/2

Provide a brief summary of the formation treatment:

Open Hole: ☐

NO TREATMENT

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: 2 + 3/8 Tubing Setting Depth: 1044 Tbg setting date: 11/13/2014 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:

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

Signed: _____

Print Name: EVALYN KAHILA

Title: OPERATIONS TECH

Date: 12/3/2014

Email ekahila@windsorenergy.com

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Attachment Check List

Att Doc Num

Name

2493927

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Permit

Passes Permitting: Document 34729 received 02/01/1972 serves as Form 5 and 5A for this well.

4/15/2015
9:04:03 AM

Total: 1 comment(s)