

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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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: 36200 4. Contact Name: Gene Webb  
 2. Name of Operator: GRYNBERG\* JACK DBA GRYNBERG PETROLEUM Phone: (303) 850-7490  
 3. Address: 3600 S. YOSEMITE ST - STE 900 Fax: (303) 850-7498  
 City: DENVER State: CO Zip: 80237- Email: g.webb@grynberg.com

5. API Number 05-081-07427-00 6. County: MOFFAT  
 7. Well Name: HIAWATHA DEEP Well Number: 4-36  
 8. Location: QtrQtr: SWSW Section: 36 Township: 12N Range: 101W Meridian: 6  
 9. Field Name: SUGAR LOAF Field Code: 80000

Completed Interval

FORMATION: NUGGET SANDSTONE Status: ABANDONED WELLBORE/COMPLETION Treatment Type: \_\_\_\_\_

Treatment Date: 06/23/2009 End Date: 06/24/2009 Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 14225 Bottom: 14380 No. Holes: 264 Hole size: 0.042

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Perforated 14,225' to 14,350' did not frac these perms. Set CIPB at 14,210'

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: Non-productive

Date formation Abandoned: 07/23/2009 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 14210 \*\* Sacks cement on top: 50 \*\* 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: Janni Keidel

Title: Ops/Regulatory Specialist Date: \_\_\_\_\_ Email j.keidel@grynberg.com  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400852728	WELLBORE DIAGRAM
400852730	CEMENT JOB SUMMARY
400852731	OTHER

Total Attach: 3 Files

### General Comments

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

Total: 0 comment(s)