

**State of Colorado
Oil and Gas Conservation Commission**



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

For COGCC Use Only

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 page for each formation. Attach as many pages as required to fully describe the work. List in order of completion. The completion date for a formation is the Treatment End Date. Reported quantities shall be the total amounts used and recovered as of the submittal date of this form.

OGCC Operator Number: _____ Operator Contact _____
 Name of Operator: _____ Name: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____ FAX: _____
 email: _____

Complete the Attachment Checklist

| | OP | OGCC |
|--------------------|----|------|
| Wellbore Diagram | | |
| Net Pressure Chart | | |
| Wireline Summary | | |
| Cement Summary | | |

API Number: 05-_____ Sidetrack: _____ County: _____
 Well Name: _____ Well Number: _____
 Location (QtrQtr, Sec, Twp, Rng, Meridian): _____
 Field Code: _____ Field Name: _____

Formation: _____ **Status:** _____

Date of First Production for this formation: _____ This formation is commingled with another formation
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg Setting Date: _____ Packer Depth: _____

Formation Treatment Treatment Type: _____

Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole Size: _____ Open Hole:
 Provide a brief summary of the formation treatment: Treatment Dates: Start: _____ End: _____

| | |
|--|--|
| 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: <input type="checkbox"/> |
| Fracture stimulations must be reported on FracFocus.org | Reason why green completion not utilized: _____ |

Test Information

Test Date: _____ Bbls Oil: _____ Mcf Gas: _____ Bbls Water: _____ Test Hours: _____
 Calculated 24 Hour Rate: Bbls Oil: _____ Mcf Gas: _____ Bbls Water: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Formation Abandonment

Reason for Non-Production: _____
 Date Formation Abandoned: _____ Squeezed: Yes No If yes number of sacks cement: _____
 Bridge Plug Depth: _____ Sacks of cement on top of bridge plug: _____ **Attach wireline and cement job summary.**

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

Print Name: _____ Email: _____
 Signature: _____ Title: _____ Date: _____