

**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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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: <u>26625</u>	4. Contact Name: <u>Amy Mackey</u>
2. Name of Operator: <u>ELM RIDGE EXPLORATION CO LLC</u>	Phone: <u>(505) 6323476</u>
3. Address: <u>12225 GREENVILLE AVE STE 950</u>	Fax: <u>(505) 6328151</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75243-</u>	

5. API Number <u>05-067-09895-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>IGE</u>	Well Number: <u>140</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>17</u> Township: <u>33N</u> Range: <u>8W</u> Meridian: <u>N</u>	
9. Field Name: <u>IGNACIO BLANCO</u> Field Code: <u>38300</u>	

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/01/2013 End Date: 08/01/2013 Date of First Production this formation: 08/02/2013

Perforations Top: 2915 Bottom: 3267 No. Holes: 184 Hole size: 23/50

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

Pumped 1000 gals of 7 1/2% HF Acid. Pumped 1800 MSCF N2. Pumped 317223 gals of 15 CP 70Q Delta SW max NT frac fluid. Pumped 37223 gas of 15 CP 70Q Delta 140 with sand wedge Pumped 1305 Sks of 20-40 PRS w/ max BH concentration. Coated 1305 sks with PRS with SW max NT with CO2.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 1001 Max pressure during treatment (psi): 2615

Total gas used in treatment (mcf): 1800 Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.71

Total acid used in treatment (bbl): 23 Number of staged intervals: 9

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 3516

Fresh water used in treatment (bbl): 1000 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2070 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/26/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 700 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 700 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 590 Tubing PSI: 590 Choke Size: 1/4

Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 964 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2895 Tbg setting date: 08/09/2013 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: Amy Mackey
Title: Sr. Regulatory Supervisor Date: 9/3/2013 Email: amackey1@elmrIDGE.net

Attachment Check List

Att Doc Num	Name
400475417	FORM 5A SUBMITTED
400475457	WELLBORE DIAGRAM
400475458	OPERATIONS SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)