

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 400861108  Date Received:				
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>10464</u> 2. Name of Operator: <u>CATAMOUNT ENERGY PARTNERS LLC</u> 3. Address: <u>1801 BROADWAY #1000</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Nolan Redmond</u> Phone: <u>(720) 484-2344</u> Fax: <u>(720) 484-2363</u> Email: <u>nredmond@catamountep.com</u>
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5. API Number <u>05-067-09918-00</u> 7. Well Name: <u>Carpenter 32-6-3</u> 8. Location: QtrQtr: <u>NWSE</u> Section: <u>3</u> Township: <u>32N</u> 9. Field Name: <u>IGNACIO BLANCO</u> Field Code: <u>38300</u>	6. County: <u>LA PLATA</u> Well Number: <u>1S</u> Range: <u>6W</u> Meridian: <u>N</u>
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**Completed Interval**

FORMATION: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>06/10/2015</u>	End Date: <u>06/10/2015</u>	Date of First Production this formation: _____
Perforations Top: <u>3116</u>	Bottom: <u>3213</u>	No. Holes: <u>192</u> Hole size: <u>0.41</u>

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

Perfs: 3192-3213, 3166-3190, 3116-3119 w/ 4 SPF

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): <u>3245</u>	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>5.50</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>1.14</u>
Total acid used in treatment (bbl): <u>43</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>67</u>
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>216420</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>06/16/2015</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>169</u>	Bbl H2O: <u>12</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>169</u>	Bbl H2O: <u>12</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>573</u>	Tubing PSI: <u>573</u>	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	Btu Gas: <u>945</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>3249</u>	Tbg setting date: <u>07/08/2015</u>	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:

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

Signed: \_\_\_\_\_ Print Name: Nolan Redmond  
Title: Geo/Eng Tech Date: \_\_\_\_\_ Email: nredmond@catamountep.com  
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### Attachment Check List

**Att Doc Num**      **Name**

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Total Attach: 0 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)