

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		<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				
			Document Number: <p style="text-align: center;">402206454</p> 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: <u>10705</u>	4. Contact Name: <u>Cheri Morgan</u>
2. Name of Operator: <u>EVERGREEN NATURAL RESOURCES LLC</u>	Phone: <u>(719) 846-7898</u>
3. Address: <u>1801 BROADWAY SUITE 350</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>cheri.morgan@enrllc.com</u>

5. API Number <u>05-071-09351-00</u>	6. County: <u>LAS ANIMAS</u>
7. Well Name: <u>KINKORA</u>	Well Number: <u>43-32</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>32</u> Township: <u>34S</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>PURGATOIRE RIVER</u>	Field Code: <u>70830</u>

Completed Interval

FORMATION: <u>VERMEJO COAL</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>ACID JOB</u>
Treatment Date: <u>07/09/2019</u>	End Date: <u>07/07/2019</u>	Date of First Production this formation: <u>07/10/2019</u>
Perforations Top: <u>966</u>	Bottom: <u>976</u>	No. Holes: <u>30</u> Hole size: <u>0.41</u>

Provide a brief summary of the formation treatment: Open Hole:
No Frac -0120 gallons 7.5 HCL and 1000 gallons produced water

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>27</u>	Max pressure during treatment (psi): <u>450</u>
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): <u>3</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>24</u>	Flowback volume recovered (bbl): <u>0</u>
Fresh water used in treatment (bbl): <u>0</u>	Disposition method for flowback: _____
Total proppant used (lbs): _____	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>07/27/2019</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>0</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>19</u>	Bbl H2O: <u>6</u>	GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>4</u>	Tubing PSI: <u>0</u>	Choke Size: <u>0.38</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	Btu Gas: <u>1003</u>	API Gravity Oil: <u>0</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	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: Cheri Morgan

Title: Regulatory Specialist Date: _____ Email: cheri.morgan@enrllc.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

		Stamp Upon Approval
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Total: 0 comment(s)