

<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) 892-2109		<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: <div style="text-align: center; margin-top: 5px;">402298585</div> 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) 484-2347</u> Fax: _____ Email: <u>nredmond@catamountep.com</u>
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5. API Number <u>05-007-06337-00</u> 7. Well Name: <u>EBC</u> 8. Location: QtrQtr: <u>NENW</u> Section: <u>28</u> Township: <u>34N</u> Range: <u>5W</u> Meridian: <u>M</u> 9. Field Name: <u>IGNACIO BLANCO</u> Field Code: <u>38300</u>	6. County: <u>ARCHULETA</u> Well Number: <u>4</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>11/19/2019</u>	End Date: <u>11/19/2019</u>	Date of First Production this formation: <u>01/18/2020</u>
Perforations Top: <u>2907</u>	Bottom: <u>2974</u>	No. Holes: <u>124</u> Hole size: <u>0.42</u>

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

FRAC W/ 170580 LBS SAND & 2036 BBLs FLUID

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): <u>2036</u>	Max pressure during treatment (psi): <u>1900</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>1.00</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>1.00</u>
Total acid used in treatment (bbl): <u>24</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>2036</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>170580</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>01/18/2020</u>	Hours: <u>24</u>	Bbl oil: <u>0</u>	Mcf Gas: <u>87</u>	Bbl H2O: <u>26</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>87</u>	Bbl H2O: <u>26</u>	GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: <u>64</u>	Tubing PSI: <u>64</u>	Choke Size: _____	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	Btu Gas: <u>959</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>3011</u>	Tbg setting date: <u>11/20/2019</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:

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**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

### General Comments

**User Group**      **Comment**

**Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)