

FORM
5A

Rev
09/20

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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Document Number:

402707826

Date Received:

06/03/2021

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>Mackenzie Smith</u>
2. Name of Operator: <u>EVERGREEN NATURAL RESOURCES LLC</u>	Phone: <u>(303) 2848820</u>
3. Address: <u>1875 LAWRENCE ST STE 1150</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>mackenzie.smith@enrllc.com</u>
5. API Number <u>05-071-07539-00</u>	6. County: <u>LAS ANIMAS</u>
7. Well Name: <u>CRUISER</u>	Well Number: <u>32-12</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>12</u> Township: <u>32S</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>PURGATOIRE RIVER</u> Field Code: <u>70830</u>	

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 04/19/2021 End Date: 04/21/2021 Date this Formation was Completed: 09/16/2003
Perforations Top: 922 Bottom: 2499 No. Holes: 281 Hole size: 0.48 Open Hole: ☐

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

Perforated [2450-54', 1861-64', 1800-06', 1722-28', 1674-80', 1586-90', 1402-05', 1345-48', 1212-16', 1002-06', 954-58', 922-26']. Stimulated 12 zones, for a total of 12 stages. Spearhead each stage with 7.5% HCl, stimulate with produced water. 26 bbls 7.5% HCl, 1879 bbls produced water, 2,104,109 scf nitrogen, 217,000 lbs 16/30 proppant, and 28,000 lbs 20/40 proppant pumped. 96 bbls fluid produced to open top tank on location during flowback operations.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 1905 Max pressure during treatment (psi): 6675
Total gas used in treatment (mcf): 2104 Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.46
Total acid used in treatment (bbl): 26 Number of staged intervals: 12
Recycled or Reused Fluids used in treatment (bbl): 1879 Flowback volume recovered (bbl): 96
Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 245000

Fracture stimulations must be reported on FracFocus.org

Test Information:

05/18/2021 Hours: 24 Bbl oil: 0 Mcf Gas: 44 Bbl H2O: 121
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 44 Bbl H2O: 121 GOR: _____
Test Method: pumping Casing PSI: 64 Tubing PSI: _____ Choke Size: 16/64
Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1002 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 2525 Tbg setting date: 05/07/2021 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.

FORMATION: RATON COAL Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date this Formation was Completed: 09/03/2003
Perforations Top: 922 Bottom: 2138 No. Holes: 1733 Hole size: 0.48 Open Hole: ☐

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

This formation is commingled with another formation: ☒ Yes ☐ No

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 or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
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.

FORMATION: VERMEJO COAL Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date this Formation was Completed: 06/26/2002
Perforations Top: 2276 Bottom: 2499 No. Holes: 108 Hole size: 0.48 Open Hole: ☐
Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

This formation is commingled with another formation: ☒ Yes ☐ No
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 or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
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:

Water well sampling required per COA (see attached). Only 1 water well within a 1/2-mile radius of the well. Sampling of said water well was denied by the landowners (see attached), therefore no water well sampling was completed for this nitrified stimulation.

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

Signed: _____ Print Name: Mackenzie Smith

Title: Production Engineer Date: 6/3/2021 Email : mackenzie.smith@enrllc.com

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402707826	FORM 5A SUBMITTED
402707839	CORRESPONDENCE
402707840	CORRESPONDENCE

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)