

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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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. ECMC Operator Number: 10779

2. Name of Operator: SCOUT ENERGY MANAGEMENT LLC

3. Address: 13800 MONTFORT DRIVE SUITE 100

City: DALLAS State: TX Zip: 75240

4. Contact Name: Anita Sanford

Phone: (970) 6203390

Fax:

Email: anita.sanford@scoutep.com

5. API Number 05-103-10726-00

7. Well Name: A.C.MCLAUGHLIN

8. Location: QtrQtr: SWSW Section: 11 Township: 2N Range: 103W Meridian: 6

9. Field Name: RANGELY Field Code: 72370

6. County: RIO BLANCO

Well Number: 91X

Completed Interval

FORMATION: WEBER Status: INJECTING Treatment Type: ACID JOB
Treatment Date: 05/21/2024 End Date: 05/21/2024 Date this Formation was Completed: 09/15/2006
Perforations Top: 6494 Bottom: 6705 No. Holes: _____ Hole size: _____ 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.

PUMPED 4000 GALLONS (47.6 BBLS) 15% HCL W/SOLVENT AND 40 BBLS FRESH WATER

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

Total fluid used in treatment (bbl): 135 Max pressure during treatment (psi): 2395
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): 95 Number of staged intervals: _____
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 40 Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on [FracFocus.org](https://www.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: 2 + 7/8 Tubing Setting Depth: 6506 Tbg setting date: 09/25/2006 Packer Depth: 6418
Reason for Non-Production: INJECTION WELL
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: Anita Sanford
Title: Sr. Regulatory Analyst Date: _____ Email: anita.sanford@scoutep.com

ATTACHMENT LIST

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)