

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 05-103-05804-00

7. Well Name: MATTERN

8. Location: QtrQtr: SWNW Section: 13 Township: 2N Range: 103W Meridian: 6

9. Field Name: RANGELY Field Code: 72370

6. County: RIO BLANCO

Well Number: 1

Completed Interval

FORMATION: IGNEOUS SILL INTRUSIVE

Status: INJECTING

Treatment Type: ACID JOB

Treatment Date: 05/22/2024

End Date: 05/22/2024

Date this Formation was Completed: 06/05/1972

Perforations

Top: 6387

Bottom: 6745

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 (95.2 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): 2417

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: 6504 Tbg setting date: 02/20/2022 Packer Depth: 6265

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)