

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



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Document Number:

400339048

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: 26625

2. Name of Operator: ELM RIDGE EXPLORATION CO LLC

3. Address: 12225 GREENVILLE AVE STE 950

City: DALLAS State: TX Zip: 75243-

4. Contact Name: Amy Mackey

Phone: (505) 632-3476

Fax: (505) 632-3476

5. API Number 05-067-09074-00

7. Well Name: IGE

6. County: LA PLATA

Well Number: 107

8. Location: QtrQtr: SWNW Section: 11 Township: 33N Range: 8W Meridian: N

9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/04/2012 End Date: 10/15/2012 Date of First Production this formation: 10/23/2012

Perforations Top: _____ Bottom: _____ No. Holes: 96 Hole size: 0.46

Provide a brief summary of the formation treatment: _____ Open Hole: ☒

Shot 96 holes from 2666' to 2905'. Pumped 2000 gal of Acid on 10-10-12. Started Frac job on 10-15-12. Pumped 1000 gal of Acid Used 1329 MCFs of N2 Followed with 33,915 gal of 15CP 70Q Delta w/ sand wedge tailed with 92816 gal of 15CP 70Q Delta 140 w/ sandwedge. Used 2512 sks of 20/40 PRS sand. Total fluid to recover is 768 bbls.

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

Total fluid used in treatment (bbl): 768 Max pressure during treatment (psi): 34

Total gas used in treatment (mcf): 1329 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 1.36

Total acid used in treatment (bbl): 74 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 911

Fresh water used in treatment (bbl): 768 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2512 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/23/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 800000 Bbl H2O: 40

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 800000 Bbl H2O: 40 GOR: 0

Test Method: Flowing Casing PSI: 320 Tubing PSI: 123 Choke Size: 0

Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: _____ Tbg setting date: 10/22/2012 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: 10/04/2012 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 300

** 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: Amy Mackey

Title: Sr. Regulatory Supervisor Date: _____ Email: amackey1@elmrIDGE.net

Attachment Check List

Att Doc Num	Name
400339076	COMPLETED INTERVAL REPORT
400339077	COMPLETED INTERVAL REPORT
400339079	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)