

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:

400349839

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) 632-8151

5. API Number 05-067-09089-00
6. County: LA PLATA
7. Well Name: IGE
Well Number: #108
8. Location: QtrQtr: SESW Section: 11 Township: 33N Range: 8W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/24/2012 End Date: 11/10/2012 Date of First Production this formation: 11/12/2012

Perforations Top: Bottom: No. Holes: 76 Hole size: 41/100

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

Pumped 2000 gal of 7 1/2% FEHCL acid. Pumped 22,823 gal of 15 CP Delta and 72,946 15 CP 70Q Delta frac fluid. Pumped 608 sks of 20/40 Arizona with 605 sks of 20/40 Arizona SWMax. Total fluid to recover is 527 bbls.

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

Total fluid used in treatment (bbl): 2280 Max pressure during treatment (psi): 3294

Total gas used in treatment (mcf): 895 Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.76

Total acid used in treatment (bbl): 24 Number of staged intervals: 9

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 2654

Fresh water used in treatment (bbl): 24 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 60753 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/17/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 177 Bbl H2O: 80

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 177 Bbl H2O: 80 GOR:

Test Method: Flowing Casing PSI: 320 Tubing PSI: 68 Choke Size: 1/2

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 985 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: Tbg setting date: 11/12/2012 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: PICTURED CLIFFS Status: ABANDONED WELLBORE/COMPLETION Treatment Type: _____
Treatment Date: 06/05/2006 End Date: 11/10/2012 Date of First Production this formation: 07/24/2006
Perforations Top: _____ Bottom: _____ No. Holes: 200 Hole size: 19/50
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Pumped 4000 gals of 7 1/2% Acid followed by 89804 gal of 70Q 13CP Delta Frac foam. Used 1532 sks of 20/40 Brady Sand coated with expedite.

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 water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/26/2006 Hours: 24 Bbl oil: 0 Mcf Gas: 288 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 288 Bbl H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 420 Tubing PSI: 165 Choke Size: 1/2
Gas Disposition: VENTED Gas Type: WET Btu Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: _____ Tbg setting date: 06/21/2006 Packer Depth: 2810

Reason for Non-Production: This formation stopped producing.

Date formation Abandoned: 11/06/2012 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 100

** Bridge Plug Depth: 2805 ** Sacks cement on top: 50 ** 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
400349927	CEMENT JOB SUMMARY
400349928	COMPLETED INTERVAL REPORT
400349930	OPERATIONS SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)