

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:

400459542

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) 6323476
Fax: (505) 6328151

5. API Number 05-067-09532-00
6. County: LA PLATA
7. Well Name: IGE Well Number: 117
8. Location: QtrQtr: SEnw Section: 18 Township: 33N Range: 7W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

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

Treatment Date: 07/13/2013 End Date: 07/13/2013 Date of First Production this formation: 08/01/2013

Perforations Top: _____ Bottom: _____ No. Holes: 100 Hole size: 19/50

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

Pumped 76,304 gals Delta 140 foamed frac fluid. Used 973,202 SCF N2, placed 79,000 lbs. 20/40 sand coated SWNT, 66,100 lbs. in form. Average injection rate 1905 PSI, air 30.84 BPM, max PSI 4233. ISIP 4154, 15 minutes 4199. Bled casing to 2000 PSI pulled Fracmaster Isolation tool, rigged down

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

Total fluid used in treatment (bbl): 685 Max pressure during treatment (psi): 4233

Total gas used in treatment (mcf): 973 Fluid density at initial fracture (lbs/gal): _____

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

Total acid used in treatment (bbl): 59 Number of staged intervals: 8

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 606

Fresh water used in treatment (bbl): 685 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 139402 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/01/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 300 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 300 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 380 Tubing PSI: 70 Choke Size: 3/8

Gas Disposition: VENTED Gas Type: DRY Btu Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: _____ Tbg setting date: 07/20/2013 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:

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
400462095	OPERATIONS SUMMARY
400462144	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)