

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:

400588007

Date Received:

04/25/2014

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: 55575

2. Name of Operator: MCELVAIN ENERGY INC

3. Address: 1050 17TH ST STE 2500

City: DENVER State: CO Zip: 80265-

4. Contact Name: Reed Fischer

Phone: (303) 893-0933

Fax: (303) 893-0914

Email: Reed.Fischer@McElvain.com

5. API Number 05-067-09896-00

7. Well Name: Pargin Ranch

8. Location: QtrQtr: NENW Section: 36 Township: 33N Range: 7W Meridian: N

9. Field Name: IGNACIO BLANCO Field Code: 38300

6. County: LA PLATA

Well Number: 11

Completed Interval

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

Treatment Date: 03/25/2014 End Date: 03/28/2014 Date of First Production this formation: 04/11/2014

Perforations Top: 2680 Bottom: 2730 No. Holes: 96 Hole size: 0.43

Provide a brief summary of the formation treatment:

Open Hole: ☐

Perf 2730-2720 750 gal 15% HCL, 5590# 20/40 brwn sand & 28881# 16/30 SLC w/ 1130.7 bbls Lighting 20 Cross link.
Perf 2710-2704 500 gal 15% HCL, 6675# 20/40 brwn sand & 67700# 16/30 SLC w/ 1429.1 bbls Lighting 20 Cross Link
Perf 2697-2680 750 gal 15% HCL, 4255# 24/40 brwn sand & 84894# 16/30 SLC w/ 1489.3 bbls Lighting 20 Cross link

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

Total fluid used in treatment (bbl): 4049

Max pressure during treatment (psi): 3047

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 1.55

Total acid used in treatment (bbl): 47

Number of staged intervals: 3

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 4049

Disposition method for flowback: _____

Total proppant used (lbs): 197995

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/16/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 484 Bbl H2O: 57

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: 484 Bbl H2O: 57 GOR: 0

Test Method: PU Casing PSI: 150 Tubing PSI: 15 Choke Size: _____

Gas Disposition: SOLD Gas Type: _____ Btu Gas: 1123 API Gravity Oil: 0

Tubing Size: 2.875 Tubing Setting Depth: 2843 Tbg setting date: 04/02/2014 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: Deborah Powell

Title: Eng Tech Manager Date: 4/25/2014 Email: DebbyP@McElvain.com

Attachment Check List

Att Doc Num **Name**

400588007 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

Total: 0 comment(s)