

FORM
5ARev
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:

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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. OGCC Operator Number: 10464 4. Contact Name: Nolan Redmond
 2. Name of Operator: CATAMOUNT ENERGY PARTNERS LLC Phone: (720) 484-2347
 3. Address: 1801 BROADWAY #1000 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: nredmond@catamountep.com

5. API Number 05-067-09530-00 6. County: LA PLATA
 7. Well Name: IGE Well Number: 137
 8. Location: QtrQtr: NENE Section: 16 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: 11/17/2017 End Date: 11/17/2017 Date of First Production this formation: 12/05/2008
 Perforations Top: 3193 Bottom: 3492 No. Holes: 148 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

3 stage frac. Frac 1st stage w/ 1105 bbls fluid & 32738 lbs sand. Frac 2nd stage w/ 608 bbls fluid & 13000 lbs sand. Frac 3rd stage w/ 604 bbls fluid & 9000 lb sand.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 2317Max pressure during treatment (psi): 5060

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 1.00

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.91

Total acid used in treatment (bbl): _____

Number of staged intervals: 3

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 0Fresh water used in treatment (bbl): 2317Disposition method for flowback: DISPOSALTotal proppant used (lbs): 54738Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/11/2017 Hours: 24 Bbl oil: 0 Mcf Gas: 164 Bbl H2O: 24
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 164 Bbl H2O: 24 GOR: 0
 Test Method: Pumping Casing PSI: 40 Tubing PSI: 40 Choke Size: _____
 Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 996 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 3545 Tbg setting date: 12/04/2017 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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Nolan Redmond

Title: Geo/Eng Tech Date: _____ Email: nredmond@catamountep.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)