

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:

401577998

Date Received:

03/20/2018

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: 10657
2. Name of Operator: PCR OPERATING LLC
3. Address: 4040 BROADWAY STREET #510
City: SAN ANTONIO State: TX Zip: 78209
4. Contact Name: Shantal Guzman
Phone: (210) 4515545
Fax: (210) 4639297
Email: sguzman@passcreekresources.com

5. API Number 05-087-05124-00
6. County: MORGAN
7. Well Name: SCANLON, J L
Well Number: 2
8. Location: QtrQtr: SENW Section: 25 Township: 1N Range: 58W Meridian: 6
9. Field Name: ADENA Field Code: 700

Completed Interval

FORMATION: J SAND Status: ABANDONED Treatment Type: WELLBORE/COMPLETION
Treatment Date: End Date: Date of First Production this formation: 05/10/1954
Perforations Top: 5756 Bottom: 5778 No. Holes: 132 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
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: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production: CIBP-set
Date formation Abandoned: 11/27/2017 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
** Bridge Plug Depth: 5680 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

Status on this well was SI oil well – we set a CIBP above perms J Sand perms 5756-5778. The new well status is AB.
The well is not capable of production as long as the CIBP is in place.
CIBP set at 5730ft. plug went to bottom and set CIBP at 5680' with 2 sacks cement. Field ticket attached

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

Signed: _____ Print Name: Shantal Guzman

Title: Regulatory Compliance Date: 3/20/2018 Email sguzman@passcreekresources.com

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Attachment Check List

Att Doc Num **Name**

401577998	FORM 5A SUBMITTED
401578001	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)