


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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 401798603 Date Received:				
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: <u>10657</u> 2. Name of Operator: <u>PCR OPERATING LLC</u> 3. Address: <u>4040 BROADWAY STREET #510</u> City: <u>SAN ANTONIO</u> State: <u>TX</u> Zip: <u>78209</u>	4. Contact Name: <u>David Kunovic</u> Phone: <u>(210) 451-5545</u> Fax: _____ Email: <u>dkunovic@passcreekresources.com</u>
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5. API Number <u>05-087-08224-00</u> 7. Well Name: <u>JESS</u> 8. Location: QtrQtr: <u>NESE</u> Section: <u>13</u> Township: <u>1N</u> Range: <u>58W</u> Meridian: <u>6</u> 9. Field Name: <u>ADENA</u> Field Code: <u>700</u>	6. County: <u>MORGAN</u> Well Number: <u>158-13-43</u>
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Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>ACID JOB</u>
Treatment Date: <u>09/14/2018</u>	End Date: <u>09/14/2018</u>	Date of First Production this formation: <u>10/08/2018</u>
Perforations Top: <u>5658</u>	Bottom: <u>5710</u>	No. Holes: <u>81</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment: _____		
Open Hole: <input type="checkbox"/>		
Pump385 BBL 2% KCL flush to load hole and pre-flush - Pumped 48 BBL Acid 7 1/2% HCL/10% Acetic with 192 balls, Flush with 38.1 BBLS KCL water. Max. fluid rate 10.3, Ave fluid rate 7.3, Max Psi 3994 Psi, Ave Psi 1883.		

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>124</u>	Max pressure during treatment (psi): <u>3994</u>
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): <u>48</u>	Number of staged intervals: _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>124</u>
Fresh water used in treatment (bbl): <u>76</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>10/08/2018</u>	Hours: <u>24</u>	Bbl oil: <u>30</u>	Mcf Gas: <u>40</u>	Bbl H2O: <u>2800</u>
Calculated 24 hour rate:	Bbl oil: <u>30</u>	Mcf Gas: <u>40</u>	Bbl H2O: <u>2800</u>	GOR: <u>1</u>
Test Method: <u>Pump ESP</u>	Casing PSI: <u>130</u>	Tubing PSI: <u>130</u>	Choke Size: _____	
Gas Disposition: <u>VENTED</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1300</u>	API Gravity Oil: <u>43</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>5602</u>	Tbg setting date: <u>09/18/2018</u>	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:

The JESS 158-13-43 was spud on 4/15/18 and reached TD on 4/19/18. Production casing was run/cemented of 4/20/18. The well was then left idle until surface facilities were completed. The well was perforated on 8/16/18 and swab tested. The well was acidized on 9/14/18. Tubing and ESP were run on 9/18/18. Final electrical hook-up and initial well testing through the production facility was commenced on 10/8/18.

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

Signed: _____ Print Name: David Kunovic
Title: VP Exploration Date: _____ Email dkunovic@passcreekresources.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401801213	OPERATIONS SUMMARY
401801215	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)