

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: 401827283 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>05-087-05267-00</u> 7. Well Name: <u>CLAR, L</u> 8. Location: QtrQtr: <u>SWSW</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>5</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>09/20/2018</u>	End Date: <u>09/20/2018</u>	Date of First Production this formation: <u>10/25/2018</u>
Perforations Top: <u>5694</u>	Bottom: <u>5727</u>	No. Holes: <u>198</u> Hole size: <u>0.41</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>		
Pre Flush with 23 bbls KCL water - break @ 2879 psi. Pumped 48 bbls acid (10% HCL - 10% Acetic) and 150 balls. Flush with 38 bbls water.		

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>109</u>	Max pressure during treatment (psi): <u>4127</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>109</u>
Fresh water used in treatment (bbl): <u>61</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>10/25/2018</u>	Hours: <u>24</u>	Bbl oil: <u>8</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>2250</u>
Calculated 24 hour rate:	Bbl oil: <u>8</u>	Mcf Gas: <u>8</u>	Bbl H2O: <u>2250</u>	GOR: <u>1</u>
Test Method: <u>pumping</u>	Casing PSI: <u>90</u>	Tubing PSI: <u>90</u>	Choke Size: _____	
Gas Disposition: _____	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>5656</u>	Tbg setting date: <u>09/25/2018</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 L CLAR #5 was previously a shut-in producer in the Adena J Sand Unit. PCR has re-activated this well as a J sand producer. The original perms were left as is and the J Sand was perfered from 5694'-5727'. A packer was set at 5658' (36' above perms) and the well was successfully MIT'd. The well was acidized and was swab tested. An ESP was run. Current status producing.

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>
401844589	OTHER
401844591	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)