

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



DE	ET	OE	ES
----	----	----	----

Document Number:
401798603

Date Received:
10/18/2018

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: David Kunovic
 Phone: (210) 451-5545
 Fax: _____
 Email: dkunovic@passcreekresources.com

5. API Number 05-087-08224-00
 6. County: MORGAN
 7. Well Name: JESS
 Well Number: 158-13-43
 8. Location: QtrQtr: NESE Section: 13 Township: 1N Range: 58W Meridian: 6
 9. Field Name: ADENA Field Code: 700

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type: ACID JOB
 Treatment Date: 09/14/2018 End Date: 09/14/2018 Date of First Production this formation: 10/08/2018
 Perforations Top: 5658 Bottom: 5710 No. Holes: 81 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole:
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): 124 Max pressure during treatment (psi): 3994
 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): 48 Number of staged intervals: _____
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 124
 Fresh water used in treatment (bbl): 76 Disposition method for flowback: DISPOSAL
 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: 10/08/2018 Hours: 24 Bbl oil: 30 Mcf Gas: 40 Bbl H2O: 2800
 Calculated 24 hour rate: Bbl oil: 30 Mcf Gas: 40 Bbl H2O: 2800 GOR: 1
 Test Method: Pump ESP Casing PSI: 130 Tubing PSI: 130 Choke Size: _____
 Gas Disposition: VENTED Gas Type: WET Btu Gas: 1300 API Gravity Oil: 43
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5602 Tbg setting date: 09/18/2018 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: 10/18/2018 Email: dkunovic@passcreekresources.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401798603	FORM 5A SUBMITTED
401801213	OPERATIONS SUMMARY
401801215	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)