

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:

401771995

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: 10492
2. Name of Operator: AGAVE OIL & GAS LLC
3. Address: 201 PECAN STREET #100
City: FORT WORTH State: TX Zip: 76102
4. Contact Name: Rick Henninger
Phone: (903) 271-0656
Fax:
Email: rick@texomaresources.com

5. API Number 05-039-06677-00
6. County: ELBERT
7. Well Name: Haas
Well Number: 1-29
8. Location: QtrQtr: NWSE Section: 29 Township: 7S Range: 62W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: SHUT IN Treatment Type: FRACTURE STIMULATION
Treatment Date: 06/06/2018 End Date: 06/06/2018 Date of First Production this formation: 06/26/2017
Perforations Top: 6895 Bottom: 7128 No. Holes: 36 Hole size: 42/100
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): 1509 Max pressure during treatment (psi): 3729
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: 1
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 1509 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 103340 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: 1845 Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7179 Tbg setting date: 06/13/2018 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 well has been uploaded to FracFocus. Confirmation Number af9de675-a735-4021-a892-2e088eb2c5de

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

Signed: _____ Print Name: Andrea Gross

Title: Permit Agent Date: _____ Email agross@upstreampm.com
:

Attachment Check List

Att Doc Num **Name**

402019556	WELLBORE DIAGRAM
402019561	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

Permit	Numerous errors/omissions. Returned to draft.	02/19/2019
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Total: 1 comment(s)