

Document Number:  
402206468

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: 10705      4. Contact Name: Cheri Morgan  
 2. Name of Operator: EVERGREEN NATURAL RESOURCES LLC      Phone: (719) 846-7898  
 3. Address: 1801 BROADWAY SUITE 350      Fax: \_\_\_\_\_  
 City: DENVER      State: CO      Zip: 80202      Email: cheri.morgan@enrllc.com

5. API Number 05-071-08640-00      6. County: LAS ANIMAS  
 7. Well Name: PEDRI      Well Number: 42-33 TR  
 8. Location: QtrQtr: SENE      Section: 33      Township: 32S      Range: 67W      Meridian: 6  
 9. Field Name: PURGATOIRE RIVER      Field Code: 70830

**Completed Interval**

FORMATION: RATON COAL      Status: PRODUCING      Treatment Type: ACID JOB  
 Treatment Date: 06/13/2019      End Date: 06/13/2019      Date of First Production this formation: 01/12/2006  
 Perforations      Top: 664      Bottom: 1474      No. Holes: 196      Hole size: 0.41  
 Provide a brief summary of the formation treatment:      Open Hole:   
 Perf 1025-1045: 330 gals 7.5% HCl and 1250gals produced water

This formation is commingled with another formation:       Yes       No

Total fluid used in treatment (bbl): 38      Max pressure during treatment (psi): 400  
 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): 8      Number of staged intervals: 1  
 Recycled water used in treatment (bbl): 30      Flowback volume recovered (bbl): 0  
 Fresh water used in treatment (bbl): 0      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: 06/21/2019      Hours: 24      Bbl oil: 0      Mcf Gas: 43      Bbl H2O: 19  
 Calculated 24 hour rate:      Bbl oil: 0      Mcf Gas: 36      Bbl H2O: 14      GOR: 0  
 Test Method: Pumping      Casing PSI: 13      Tubing PSI: \_\_\_\_\_      Choke Size: 20/64  
 Gas Disposition: SOLD      Gas Type: COAL GAS      Btu Gas: 1003      API Gravity Oil: 0  
 Tubing Size: 2 + 7/8      Tubing Setting Depth: 1485      Tbg setting date: 06/14/2016      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:

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

Signed: \_\_\_\_\_ Print Name: Cheri Morgan

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: cheri.morgan@enrllc.com

### Attachment Check List

**Att Doc Num**      **Name**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Total Attach: 0 Files

### General Comments

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
<input type="text"/>	<input type="text"/>	Stamp Upon Approval

Total: 0 comment(s)