

Document Number:
402298585

Date Received:
01/29/2020

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: 10464 4. Contact Name: Nolan Redmond
 2. Name of Operator: CATAMOUNT ENERGY PARTNERS LLC Phone: (720) 484-2347
 3. Address: 1801 BROADWAY #1000 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: nredmond@catamountep.com

5. API Number 05-007-06337-00 6. County: ARCHULETA
 7. Well Name: EBC Well Number: 4
 8. Location: QtrQtr: NENW Section: 28 Township: 34N Range: 5W Meridian: M
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 11/19/2019 End Date: 11/19/2019 Date of First Production this formation: 01/18/2020
 Perforations Top: 2907 Bottom: 2974 No. Holes: 124 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

FRAC W/ 170580 LBS SAND & 2036 BBLs FLUID

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 2060 Max pressure during treatment (psi): 1900
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 1.00
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 1.00
 Total acid used in treatment (bbl): 24 Number of staged intervals: 1
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0
 Fresh water used in treatment (bbl): 2036 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 170580 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/18/2020 Hours: 24 Bbl oil: 0 Mcf Gas: 87 Bbl H2O: 26
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 87 Bbl H2O: 26 GOR: _____
 Test Method: Pumping Casing PSI: 64 Tubing PSI: 64 Choke Size: _____
 Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 959 API Gravity Oil: 0
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 3011 Tbg setting date: 11/20/2019 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: Nolan Redmond

Title: Geo/Eng Tech Date: 1/29/2020 Email: nredmond@catamountep.com
:

Attachment Check List

Att Doc Num **Name**

402298585	FORM 5A SUBMITTED
-----------	-------------------

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	w/o Form 5	01/30/2020

Total: 1 comment(s)