

Document Number:
401799942

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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: 10672 4. Contact Name: Jeremy Mardambek
 2. Name of Operator: TIMBER CREEK OPERATING LLC Phone: (720) 330-9206
 3. Address: 6295 GREENWOOD PLAZA BLVD #100 Fax: (720) 506-3762
 City: GREENWOOD State: CO Zip: 8111- Email: jeremymardambek@tcenergy.us

5. API Number 05-071-08052-00 6. County: LAS ANIMAS
 7. Well Name: GOLDEN EAGLE Well Number: 20-07
 8. Location: QtrQtr: SWNE Section: 20 Township: 33S Range: 67W Meridian: 6
 9. Field Name: PURGATOIRE RIVER Field Code: 70830

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 10/08/2018
 Perforations Top: 626 Bottom: 2076 No. Holes: 148 Hole size: 0.4
 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): _____ Max pressure during treatment (psi): _____
 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: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ 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: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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.

FORMATION: RATON COAL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/14/2018 End Date: 10/07/2018 Date of First Production this formation: _____

Perforations Top: 626 Bottom: 965 No. Holes: 90 Hole size: 0.4

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

Perforate Raton Coal intervals with 3 SPF and 120 degree phasing listed by stage and fraced Raton Coal intervals including Stage 1 - 962' - 65', 892' - 94' and 875' - 83', Stage 2 - 848' - 51', 809' - 14', 772' - 73' and 765' - 68', Stage 3 - 650' - 53' and 626' - 28' (30' net or 90 holes). A total of 76,440 gallons of produced water with 66,990 gallons of x-link and 99,140 lbs of 16/30 sand were pumped. All three stages were pumped according to design.
 The ECWS #28 rigged down and moved to next location. Well was cleaned out to PBTD and returned to production as a commingled Raton Vermejo well.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 3415 Max pressure during treatment (psi): 2383

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.57

Total acid used in treatment (bbl): 0 Number of staged intervals: 3

Recycled water used in treatment (bbl): 3415 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 0 Disposition method for flowback: _____

Total proppant used (lbs): 99140 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/22/2018 Hours: 24 Bbl oil: 0 Mcf Gas: 81 Bbl H2O: 35

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 81 Bbl H2O: 35 GOR: _____

Test Method: Flowing Casing PSI: 11 Tubing PSI: 0 Choke Size: _____

Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 996 API Gravity Oil: 0

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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.

FORMATION: VERMEJO COAL Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 1748 Bottom: 2076 No. Holes: 58 Hole size: 0.4

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): Max pressure during treatment (psi):

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:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 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: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: Corrected

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

Signed: Print Name: Kim Thomason

Title: Regulatory Specialist Date: 4/29/2020 Email: kimthomason@tcenergy.us

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Row 1: 401799942, FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Permit, Returned to draft for operator to make corrections., 04/29/2020

Total: 1 comment(s)