

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: <u>10705</u>	4. Contact Name: <u>Mackenzie Smith</u>
2. Name of Operator: <u>EVERGREEN NATURAL RESOURCES LLC</u>	Phone: <u>(303) 2988100</u>
3. Address: <u>1875 LAWRENCE ST STE 1150</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>mackenzie.smith@enrllc.com</u>

5. API Number <u>05-071-09423-00</u>	6. County: <u>LAS ANIMAS</u>
7. Well Name: <u>ALL DAY</u>	Well Number: <u>41-11</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>11</u> Township: <u>32S</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>PURGATOIRE RIVER</u> Field Code: <u>70830</u>	

Completed Interval

FORMATION: RATON SAND - VERMEJO COAL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/23/2020 End Date: 06/24/2020 Date of First Production this formation: 10/14/2008

Perforations Top: 1358 Bottom: 2921 No. Holes: 200 Hole size: 0.48

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

Perforated [2794-98', 2720-24', 2246-50', 2117-20', 2076-80', 1870-73', 1804-08', 1654-58', 1437-40', 1394-98', 1358-61']. Stimulated 11 zones, for a total of 11 stages. Spearhead each stage with 7.5% HCl, stimulate with produced water. 30 bbls 7.5% HCl, 1574 bbls produced water, 1,648,054 scf nitrogen, and 266,000 lbs 20/40 proppant pumped.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>1604</u>	Max pressure during treatment (psi): <u>5398</u>
Total gas used in treatment (mcf): <u>1648054</u>	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: <u>NITROGEN</u>	Min frac gradient (psi/ft): <u>1.29</u>
Total acid used in treatment (bbl): <u>30</u>	Number of staged intervals: <u>11</u>
Recycled water used in treatment (bbl): <u>1574</u>	Flowback volume recovered (bbl): <u>0</u>
Fresh water used in treatment (bbl): <u>0</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>266000</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>08/19/2020</u>	Hours: <u>24</u>	Bbl oil: _____	Mcf Gas: <u>4</u>	Bbl H2O: <u>69</u>
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>4</u>	Bbl H2O: <u>69</u>	GOR: <u>0</u>
Test Method: <u>pumping</u>	Casing PSI: <u>3</u>	Tubing PSI: <u>70</u>	Choke Size: <u>1 + 6/1</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	Btu Gas: <u>1004</u>	API Gravity Oil: _____	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>2956</u>	Tbg setting date: <u>08/05/2020</u>	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: Mackenzie Smith

Title: Production Engineer Date: _____ Email: mackenzie.smith@enrllc.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

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

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

Total: 0 comment(s)