

FORM 5A Rev 06/12



Table with columns DE, ET, OE, ES

Document Number: 402492417 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: 10728 2. Name of Operator: GULF EXPLORATION LLC 3. Address: 9701 N BROADWAY EXTENSION City: OKLAHOMA CITY State: OK Zip: 73114 4. Contact Name: SEAN STRICKLAND Phone: (405) 840-3371 Fax: (405) 840-0625 Email: sstrickland@gulfoxploration.com

5. API Number 05-123-47681-00 6. County: WELD 7. Well Name: Black Powder Well Number: 2 8. Location: QtrQtr: SESW Section: 10 Township: 7N Range: 63W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: DAKOTA-JSND Status: SHUT IN Treatment Type: ACID JOB

Treatment Date: 09/10/2020 End Date: 09/10/2020 Date of First Production this formation: Perforations Top: 7402 Bottom: 7442 No. Holes: 74 Hole size: 45/100

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

1500 gals of 10% Acetic Acid and 1500 gals of 7 1/2% HCl Acid with additives

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 159 Max pressure during treatment (psi): 1575 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34 Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): 71 Number of staged intervals: 1 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 0 Fresh water used in treatment (bbl): 88 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 0 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/14/2020 Hours: 3 Bbl oil: Mcf Gas: Bbl H2O: 33 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 264 GOR: 0 Test Method: Swabbing Casing PSI: 0 Tubing PSI: 5 Choke Size: 64/64 Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: 2 + 7/8 Tubing Setting Depth: 7363 Tbg setting date: 09/09/2020 Packer Depth: 7369

Reason for Non-Production: Dry Hole

Date formation Abandoned: 09/11/2020 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: Sean Strickland

Title: Operations Manager Date: _____ Email: sstrickland@gulfexploration.com
:

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