

FORM
5A

Rev
09/20

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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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: 10749

2. Name of Operator: SIMCOE LLC

3. Address: THREE ALLEN CENTER, 333 CLAY ST SUITE 3900

City: HOUSTON State: TX Zip: 77002

4. Contact Name: OLIVIA BOMMARITO

Phone: (970) 749-7991

Fax:

Email: OLIVIA.BOMMARITO@IKAVENERGY.COM

5. API Number 05-067-09610-00

7. Well Name: ZELLITTI A

8. Location: QtrQtr: NENE Section: 33 Township: 34N Range: 9W Meridian: M

9. Field Name: IGNACIO BLANCO Field Code: 38300

6. County: LA PLATA

Well Number: 4

Completed Interval

FORMATION: FRUITLAND COAL

Status: PRODUCING

Treatment Type: ACID JOB

Treatment Date: 07/12/2021

End Date: 07/13/2021

Date this Formation was Completed: 07/08/2009

Perforations Top: 3256

Bottom: 3573

No. Holes: 216

Hole size: 0.44

Open Hole: ☐

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

7/12/2021: PUMP 5 BBL FLUSH (0.5% KCL W/ 2 GPT BIOCID) TO ESTABLISH INJECTION DOWN TBG X CSG ANNULUS. PUMP 1000 GAL (23.8 BBL) INHIBITED 15% HCL, 5 GAL SURFACTANT, 5 BBL FLUSH, SOAK 1 HOUR. MAX PRESSURE OBSERVED DURING TREATMENT 51 PSI; WELL WENT ON VACUUM DURING PUMPING OPERATIONS AT 350 GALLONS TOTAL FLUID PUMP (DURING ACID STAGE). PUMP 15 BBL NEUTRALIZATION SLURRY (15 BBL 0.5% KCL W/ 2 GPT BIOCID AND 600# SODA ASH), 5 BBL FLUSH, SOAK OVERNIGHT. 7/13/2021: OPERATIONS STARTUP ARTIFICIAL LIFT, RETURNED WELL TO SERVICE.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 54

Max pressure during treatment (psi): 0

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): 24

Number of staged intervals:

Recycled or Reused Fluids used in treatment (bbl):

Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 30

Disposition method for flowback:

Total proppant used (lbs):

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: Bbl oil: Mcf Gas: Bbl H2O:

Date: 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:

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

Signed:

Print Name: OLIVIA BOMMARITO

Title: PRODUCTION ENGINEER

Date:

Email: OLIVIA.BOMMARITO@IKAVENERGY.COM

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Attachment List

Att Doc Num Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)