

**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) 892-2109



DE	ET	OE	ES
----	----	----	----

Document Number:
403089691

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: <u>10749</u>	4. Contact Name: <u>OLIVIA BOMMARITO</u>
2. Name of Operator: <u>SIMCOE LLC</u>	Phone: <u>(970) 749-7991</u>
3. Address: <u>1199 MAIN AVE SUITE 101</u>	Fax: _____
City: <u>DURANGO</u> State: <u>CO</u> Zip: <u>81301</u>	Email: <u>OLIVIA.BOMMARITO@IKAVENERGY.COM</u>

5. API Number <u>05-067-07138-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>CONRAD B</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>27</u> Township: <u>35N</u> Range: <u>7W</u> Meridian: <u>N</u>	
9. Field Name: <u>IGNACIO BLANCO</u> Field Code: <u>38300</u>	

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 06/23/2022 End Date: 06/23/2022 Date this Formation was Completed: 02/15/1990
Perforations Top: 1612 Bottom: 1840 No. Holes: 411 Hole size: 0.5 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.

6/23/2022: PUMP 5 BBL FLUSH (0.5% KCL W/ 2 GPT BIOCIDES) TO ESTABLISH INJECTION DOWN TBG X CSG ANNULUS. PUMP 1000 GAL (23.8 BBL) INHIBITED 15% HCL, 5 BBL FLUSH, SOAK ~2 HOURS. MAX PRESSURE OBSERVED DURING TREATMENT 60 PSI; WELL WENT ON VACUUM DURING PUMPING OPERATIONS AT 140 GALLONS TOTAL FLUID PUMPED. PUMP 15 BBL NEUTRALIZATION SLURRY (15 BBL 0.5% KCL W/ 2 GPT BIOCIDES AND 600# SODA ASH), 5 BBL FLUSH, SOAK OVERNIGHT.
6/24/2022: 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): 60
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

Attachment List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)