

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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Document Number:

403104279

Date Received:

07/13/2022

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: 10690

2. Name of Operator: IMPETRO RESOURCES LLC

3. Address: 558 CASTLE PINES PKWY UNIT B-4

City: CASTLE PINES State: CO Zip: 80108

4. Contact Name: Brent Bongers

Phone: (361) 935-5633

Fax:

Email: bbongers@impetroresources.com

5. API Number 05-121-10681-00

7. Well Name: CHRISTIANSON

8. Location: QtrQtr: NENW Section: 12 Township: 3S Range: 50W Meridian: 6

9. Field Name: SPOTTED DOG Field Code: 77905

6. County: WASHINGTON

Well Number: 21B-12

Completed Interval

FORMATION: J SAND

Status: PRODUCING

Treatment Type: _____

Treatment Date: _____

End Date: _____

Date this Formation was Completed: 12/27/2002

Perforations Top: 3790

Bottom: 3824

No. Holes: 60

Hole size: 0.41

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.

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 or Reused Fluids used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

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: 07/07/2022 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 3811 ** Sacks cement on top: 0 ** Wireline and Cement Job Summary must be attached.

Comment:

NO TREATMENT PERFORMED

New perforations from 3790'-3807' (see wellbore diagram). Original perforated interval bottom has been preserved on this form to maintain records of all perforations in this wellbore.

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

Signed: _____ Print Name: Brent Bongers

Title: President/COO Date: 7/13/2022 Email: bbongers@impetroresources.com

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Attachment List

Att Doc Num	Name
403104279	FORM 5A SUBMITTED
403104319	WELLBORE DIAGRAM
403104325	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)