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) 892109

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Document Number: 403151400

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: 16520
2. Name of Operator: CHEMCO INC
3. Address: 6970 SOUTH HOLLY CIR STE 206
City: CENTENNIAL State: CO Zip: 80112
4. Contact Name: Graydon Neher
Phone: (303) 548-8603
Fax:
Email: gh.neher@chemco-og.com

5. API Number 05-061-06790-00
6. County: KIOWA
7. Well Name: MUIR UNIT
Well Number: 1A-35
8. Location: QtrQtr: NESW Section: 35 Township: 18S Range: 45W Meridian: 6
9. Field Name: CAVALRY Field Code: 10340

Completed Interval

FORMATION: LANSING-KANSAS CITY Status: SHUT IN Treatment Type: ACID JOB

Treatment Date: 09/19/2005 End Date: 09/19/2005 Date this Formation was Completed: 09/19/2005

Perforations Top: 3680 Bottom: 3690 No. Holes: 40 Hole size: 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): 26 Max pressure during treatment (psi): 200

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): 21 Number of staged intervals:

Recycled or Reused Fluids used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 5 Disposition method for flowback:

Total proppant used (lbs):

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

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.

FORMATION: MISSISSIPPIAN Status: SHUT IN Treatment Type:

Treatment Date: End Date: Date this Formation was Completed:

Perforations Top: 4641 Bottom: 4814 No. Holes: 160 Hole size: 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:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

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: 12/16/2005 Squeeze: [X] Yes [ ] No If yes, number of sacks cmt 30

** 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: Graydon Neher

Title: President Date: Email: gh.neher@chemco-og.com

Attachment List

Att Doc Num	Name
403169554	WELLBORE DIAGRAM
403169564	COMPLETED INTERVAL REPORT

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Engineer	Reviewed in order to pass 21 in system. Consulted Permitting, return to draft for top perf on Lansing panel, CICR depth with cement and wireline for the the MS AB.	09/08/2022

Total: 1 comment(s)