

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:
403170550

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: 51130
2. Name of Operator: LOCIN OIL CORPORATION
3. Address: 600 TRAVIS ST STE 6161
City: HOUSTON State: TX Zip: 77002
4. Contact Name: Rees Arnim
Phone: (713) 469-0275
Fax: _____
Email: rarnim@locin.energy

5. API Number 05-103-09473-00
6. County: RIO BLANCO
7. Well Name: SOUTHWEST RANGELY
Well Number: 10-7-1-2
8. Location: QtrQtr: NWSE Section: 7 Township: 1S Range: 102W Meridian: 6
9. Field Name: RANGELY-SOUTHWEST Field Code: 72375

Completed Interval

FORMATION: MANCOS B Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 09/06/2022 End Date: 09/06/2022 Date this Formation was Completed: 11/10/1990

Perforations Top: 3010 Bottom: 3130 No. Holes: 30 Hole size: 0.37 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.

Formation Treatment included: 50Q Nitrogen foam frac, 572,980 lbs. of 40/70 Local Proppant, and no acid. Method of flowback was naturally up the tubing, or swabbing as needed. Flowback volume was determined by observing gains in a flowback tank.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 4001 Max pressure during treatment (psi): 2840

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 22.12

Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 1.02

Total acid used in treatment (bbl): _____ Number of staged intervals: 1

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 4001

Fresh water used in treatment (bbl): 4001 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 572980

Fracture stimulations must be reported on FracFocus.org

Test Information:

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.

Comment:

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

Signed: _____ Print Name: Melanie Adams

Title: Agent Date: _____ Email: meladams@tcolandservices.com

Attachment List

Att Doc Num	Name
403196432	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)