

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:

403212019

Date Received:

11/15/2022

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) 9355633

Fax:

Email: bbongers@impetroresources.com

5. API Number 05-121-10314-00

7. Well Name: STENNETT

8. Location: QtrQtr: NWNW Section: 15 Township: 2N Range: 49W Meridian: 6

9. Field Name: HIGH POCKETS Field Code: 35400

6. County: WASHINGTON

Well Number: 7-15

## Completed Interval

FORMATION: J SAND

Status: PRODUCING

Treatment Type:

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date this Formation was Completed: 04/23/1987  
Perforations Top: 3918 Bottom: 3932 No. Holes: 56 Hole size: 44/100 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](https://www.fracturfocus.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:

See attached WBD for updated perf depths

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: 11/15/2022 Email: [bbongers@impetroresources.com](mailto:bbongers@impetroresources.com)

## Attachment List

Att Doc Num	Name
403212019	FORM 5A SUBMITTED
403212027	WIRELINE JOB SUMMARY
403212041	WELLBORE DIAGRAM

Total Attach: 3 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Formation information tab is blank. Returned to draft.	11/11/2022

Total: 1 comment(s)