

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
403473365

Date Received:
07/22/2023

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>10547</u>	4. Contact Name: <u>Theodore Pagano</u>
2. Name of Operator: <u>HELENA RESOURCES INC</u>	Phone: <u>(970) 5903944</u>
3. Address: <u>2960 SIMMS DR</u>	Fax: _____
City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80215</u>	Email: <u>tapagano@helena-resources.com</u>

5. API Number <u>05-123-23006-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HAYS</u>	Well Number: <u>2</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>32</u> Township: <u>5N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA-CODELL Status: TEMPORARILY ABANDONED Treatment Type: _____

Treatment Date: 07/10/2023 End Date: 07/13/2023 Date this Formation was Completed: _____

Perforations Top: 6767 Bottom: 7080 No. Holes: 120 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.

Well has been mitigated for offset fracture stimulation. RBP set at 6660. Well loaded with fluid and pressure tested to 575 psi for 15 minutes. Held. 5K wellhead installed. Formation has been TA'd for offset fracture mitigation.

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: _____

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: Well mitigated for offset fracture stimulation.

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: Theodore Pagano

Title: President Date: 7/22/2023 Email: tapagano@helena-resources.com

Attachment List

Att Doc Num **Name**

403473365	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)