

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:

403367162

Date Received:

04/06/2023

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. ECMC Operator Number: <u>81295</u>	4. Contact Name: <u>Olivia Bommarito</u>
2. Name of Operator: <u>RED WILLOW PRODUCTION COMPANY</u>	Phone: <u>(970) 442-1677</u>
3. Address: <u>P O BOX 369</u>	Fax: _____
City: <u>IGNACIO</u> State: <u>CO</u> Zip: <u>81137</u>	Email: <u>obommarito@rwpc.us</u>

5. API Number <u>05-067-09192-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>WOLFE 33-7-22</u>	Well Number: <u>6</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>22</u> Township: <u>33N</u> Range: <u>7W</u> Meridian: <u>N</u>	
9. Field Name: <u>IGNACIO BLANCO</u> Field Code: <u>38300</u>	

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: _____
Treatment Date: 04/03/2023 End Date: 04/03/2023 Date this Formation was Completed: 03/26/2007
Perforations Top: 3125 Bottom: 3312 No. Holes: 272 Hole size: 0.52 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.

Reperforate and stimulate with Kraken booster propellant system at 3125-28', 3180-83', 3246-48', 3272-3312' at 2spf. Gross perforated interval 3125-3312' with 272 total perforation and 0.52" max perforation diameter.

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: _____ 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:
Information is provided as a courtesy of the Southern Ute Indian Tribe.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Karla Tucson
Title: Wells Engineer Tech Date: 4/6/2023 Email: ktucson@rwpc.us

ATTACHMENT LIST

Att Doc Num	Name
403367162	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)