FORM 5A Rev 09/20

State of Colorado
Energy & Carbon Management Commission

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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: 10722
2. Name of Operator: KTM OPERATING LLC
3. Address: 2851 JOHNSTON ST PMB 550
City: LAFAYETTE State: LA Zip: 70503
4. Contact Name: Kenny Vincent
Phone: (337) 654-9404
Fax:
Email: kvincent@reagan.com

5. API Number 05-073-06398-00
6. County: LINCOLN
7. Well Name: CRAIG
Well Number: 16-32
8. Location: QtrQtr: SESE Section: 32 Township: 13S Range: 55W Meridian: 6
9. Field Name: BOLERO Field Code: 7153

Completed Interval

FORMATION: CHEROKEE Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date this Formation was Completed: 05/27/2010

Perforations Top: 6526 Bottom: 6643 No. Holes: 3 Hole size: 0.42 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.

Removed CIBP and commingle Cherokee Excello 6526-6530 and Cherokee C 6641-6643

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: 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: CHEROKEE K Status: COMMINGLED Treatment Type:

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

Perforations Top: 6641 Bottom: 6643 No. Holes: 6 Hole size: 0.42 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: 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: MARMATON Status: TEMPORARILY ABANDONED Treatment Type:

Treatment Date: 12/30/2022 End Date: 12/31/2022 Date this Formation was Completed:

Perforations Top: 6394 Bottom: 6460 No. Holes: 60 Hole size: 0.42 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.

Squeezed Marmaton from 6394-6398 and 6454-6460 with cement on 2 attempts.

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: Squeezed Marmaton from 6394-6398 and 6454-6460 with cement on 2 attempts.

Date formation Abandoned: 12/30/2022 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 50

** 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: Kristina Lee

Title: Regulatory Consultant-KTM Date: 2/8/2023 Email: krislee@skybeam.com

ATTACHMENT LIST

Att Doc Num	Name
403313454	FORM 5A SUBMITTED
403313472	WELLBORE DIAGRAM
403316120	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date
Permit	Added Cherokee K panel as CM status so that entire Cherokee Fm. can be reported under one formation code (CHRK).	07/11/2024

Total: 1 comment(s)