

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:  
403346434

Date Received:  
03/20/2023

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>10749</u>	4. Contact Name: <u>Bob Berry</u>
2. Name of Operator: <u>SIMCOE LLC</u>	Phone: <u>(817) 946-8699</u>
3. Address: <u>1199 MAIN AVE SUITE 101</u>	Fax: _____
City: <u>DURANGO</u> State: <u>CO</u> Zip: <u>81301</u>	Email: <u>bob.berry@ikavenergy.com</u>

5. API Number <u>05-067-09613-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>BARNES-LEIDY</u>	Well Number: <u>4</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>2</u> Township: <u>33N</u> Range: <u>9W</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: ACID JOB  
Treatment Date: 01/05/2023 End Date: 01/05/2023 Date this Formation was Completed: 03/01/2009  
Perforations Top: 2885 Bottom: 3252 No. Holes: 282 Hole size: 0.4 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.

Treated well down casing 500 gal 15% HCL inhibited, 4 gal XC102W corrosion inhibitor, 2 gal foamer, 21 gal flush. Shut in for 4 hours. Circulate well with rig and continue well work.

This formation is commingled with another formation:  Yes  No  
Total fluid used in treatment (bbl): 13 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): 12 Number of staged intervals: \_\_\_\_\_  
Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): 1 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:  
Added relevant fluid information data fields. Thank you!

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.  
Signed: \_\_\_\_\_ Print Name: Bob Berry  
Title: Production Engineer Date: 3/20/2023 Email: bob.berry@ikavenergy.com

### ATTACHMENT LIST

Att Doc Num	Name
403346434	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date
Permit	The relevant fluid information data fields are blank. Please read Form 5A guidance, fill out form completely, and resubmit. Returned to draft.	03/16/2023

Total: 1 comment(s)