

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: 10749

2. Name of Operator: SIMCOE LLC

3. Address: 1199 MAIN AVE SUITE 101

City: DURANGO State: CO Zip: 81301

4. Contact Name: Bob Berry

Phone: (817) 946-8699

Fax:

Email: bob.berry@ikavenergy.com

5. API Number 05-067-09613-00

7. Well Name: BARNES-LEIDY

8. Location: QtrQtr: SWNE Section: 2 Township: 33N Range: 9W Meridian: N

9. Field Name: IGNACIO BLANCO Field Code: 38300

6. County: LA PLATA

Well Number: 4

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: _____ 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:

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)