

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:

403856574

Date Received:

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: 10779

2. Name of Operator: SCOUT ENERGY MANAGEMENT LLC

3. Address: 13800 MONTFORT DRIVE SUITE 100

City: DALLAS State: TX Zip: 75240

4. Contact Name: Ania Sanford

Phone: (970) 6203390

Fax:

Email: anita.sanford@scoutep.com

5. API Number 05-103-06253-00

7. Well Name: EMERALD

6. County: RIO BLANCO

Well Number: 16

8. Location: QtrQtr: NENW Section: 31 Township: 2N Range: 102W Meridian: 6

9. Field Name: RANGELY Field Code: 72370

Completed Interval

FORMATION: WEBER

Status: SHUT IN

Treatment Type: _____

Treatment Date: _____

End Date: _____

Date this Formation was Completed: _____

Perforations

Top: 5539

Bottom: 6250

No. Holes: 249

Hole size: 1/2

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 work to repair, return to injection, POOH with packer clean out well, test casing - good test, upgrade wellhead, Run in hold with dual packer injection setup on FL tubing, test casing again - good test.

NOTE: Due to the 5.5" liner top being set 129ft below our top perf at 5539', we are unable to set a packer within 100' of top perf per our MOU guidelines. We requested approval by A. Katz to move forward with setting our top packer within 300' of the top perforation, due to the unique set up of this well. A. Katz Approval 7/1/24 on this well with perms extending above the liner top. We determined to place the CIBP within 300 ft. of the top perf as outlined in the MOU.

Return to Injection pending an approved Form 21.

Note: Correction to form 21 (doc # 403852640) perms Top 5539 - 6250.

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](https://www.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: 2 + 7/8 Tubing Setting Depth: 5521 Tbg setting date: 07/10/2024 Packer Depth: 5451

Reason for Non-Production: Injection well

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:

Well being returned to injection from Observation.

NOTE: A. Katz Approval 7/1/24 on this well with perms extending above the liner top. We determined to place the CIBP within 300 ft. of the top perf as outlined in the MOU.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: ANITA Sanford

Title: Sr. Regulatory Analyst

Date: _____

Email: anita.sanford@scoutep.com

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ATTACHMENT LIST

Att Doc Num

Name

403856591	WELLBORE DIAGRAM
403856592	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)