

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: <u>10779</u>	4. Contact Name: <u>Ania Sanford</u>
2. Name of Operator: <u>SCOUT ENERGY MANAGEMENT LLC</u>	Phone: <u>(970) 6203390</u>
3. Address: <u>13800 MONTFORT DRIVE SUITE 100</u>	Fax: _____
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75240</u>	Email: <u>anita.sanford@scoutep.com</u>

5. API Number <u>05-103-06253-00</u>	6. County: <u>RIO BLANCO</u>
7. Well Name: <u>EMERALD</u>	Well Number: <u>16</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>31</u> Township: <u>2N</u> Range: <u>102W</u> Meridian: <u>6</u>	
9. Field Name: <u>RANGELY</u> Field Code: <u>72370</u>	

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

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

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
403856591	WELLBORE DIAGRAM
403856592	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)