

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:

403885356

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: 10690

2. Name of Operator: IMPETRO RESOURCES LLC

3. Address: 558 CASTLE PINES PKWY UNIT B-4

City: CASTLE PINES State: CO Zip: 80108

4. Contact Name: Brent Bongers

Phone: (361) 935-5633

Fax:

Email: bbongers@impetroresources.com

5. API Number 05-121-10281-00

7. Well Name: PETRIE

6. County: WASHINGTON

Well Number: 1-X

8. Location: QtrQtr: SENE Section: 10 Township: 2N Range: 49W Meridian: 6

9. Field Name: HYDE Field Code: 38000

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: _____ Date this Formation was Completed: 08/07/1986
Perforations Top: 3837 Bottom: 3841 No. Holes: 22 Hole size: _____ 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](https://www.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: 2 + 7/8 Tubing Setting Depth: 3800 Tbg setting date: 07/19/2024 Packer Depth: _____

Reason for Non-Production: Perfs 3828-3832' were squeezed due to uneconomical production. New perf interval (3837-3841') is now producing.

Date formation Abandoned: 07/18/2024 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 25

** Bridge Plug Depth: 3850 ** 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: Amber Barnett
Title: Compliance Specialist Date: _____ Email: abarnett@ardorenvironmental.com

ATTACHMENT LIST

Att Doc Num	Name
403885764	WIRELINE JOB SUMMARY
403885769	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)