

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:
403850218

Date Received:
08/09/2024

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>10690</u>	4. Contact Name: <u>Brent Bongers</u>
2. Name of Operator: <u>IMPETRO RESOURCES LLC</u>	Phone: <u>(361) 935-5633</u>
3. Address: <u>558 CASTLE PINES PKWY UNIT B-4</u>	Fax: _____
City: <u>CASTLE PINES</u> State: <u>CO</u> Zip: <u>80108</u>	Email: <u>bbongers@impetroresources.com</u>

5. API Number <u>05-087-07841-00</u>	6. County: <u>MORGAN</u>
7. Well Name: <u>BOSLEY</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>34</u> Township: <u>1N</u> Range: <u>56W</u> Meridian: <u>6</u>	
9. Field Name: <u>SAND RIVER</u>	Field Code: <u>76300</u>

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: _____ Date this Formation was Completed: 03/29/1985
Perforations Top: 5130 Bottom: 5154 No. Holes: 32 Hole size: 0.49 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

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: CIBP was set to isolate the perfs at 5150-5154'.
Date formation Abandoned: 06/18/2024 Squeeze: Yes No If yes, number of sacks cmt _____
** Bridge Plug Depth: 5147 ** Sacks cement on top: 1 ** Wireline and Cement Job Summary must be attached.

Comment:

Operator perfered at 5150-5154' and it was determined to be wet. Operator set a CIBP and reperforated the upper zone, 5130-5136'. Perfs were not acidized.

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: 8/9/2024 Email: abarnett@ardorenvironmental.com

ATTACHMENT LIST

Att Doc Num	Name
403850218	FORM 5A SUBMITTED
403880996	WIRELINE JOB SUMMARY
403884171	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Please input CIBP information at bottom of panel in appropriate data fields. Also, attach a copy of the wireline job summary to verify CIBP setting information. Returned to draft.	08/01/2024

Total: 1 comment(s)