

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:
403978944

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>76840</u>	4. Contact Name: <u>Jeff Schneider</u>
2. Name of Operator: <u>SCHNEIDER ENERGY SERVICES INC</u>	Phone: <u>(970) 867-9437</u>
3. Address: <u>P O BOX 889</u>	Fax: _____
City: <u>FORT MORGAN</u> State: <u>CO</u> Zip: <u>80701</u>	Email: <u>jeff@schneiderenergy.com</u>

5. API Number <u>05-123-24938-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DRYER</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>14</u> Township: <u>7N</u> Range: <u>60W</u> Meridian: <u>6</u>	
9. Field Name: <u>LADY K</u> Field Code: <u>47680</u>	

Completed Interval

FORMATION: D SAND Status: TEMPORARILY ABANDONED Treatment Type: ACID JOB
Treatment Date: 07/17/2007 End Date: 07/22/2007 Date this Formation was Completed: 07/22/2007
Perforations Top: 6808 Bottom: 6814 No. Holes: 42 Hole size: 0.47 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.

250 gal 7.5% HCl, 250 gal 10% Acetic acid, 689 bbls gelled wtr, 45,360# 20/40 Ottawa sd, 6,000# 13/60 interprop

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:

07/28/2007 Hours: 24 Bbl oil: 20 Mcf Gas: 20 Bbl H2O: 45
Date Calculated 24 hour rate: Bbl oil: 20 Mcf Gas: 20 Bbl H2O: 65 GOR: 1
Test Method: Pumping Casing PSI: 50 Tubing PSI: 50 Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: 1300 API Gravity Oil: 37
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6708 Tbg setting date: 10/09/2024 Packer Depth: _____
Reason for Non-Production: Well is TA waiting on pipeline repairs.
Date formation Abandoned: 10/20/2024 Squeeze: Yes No If yes, number of sacks cmt _____
** Bridge Plug Depth: 6742 ** Sacks cement on top: 0 ** 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: Jessica Donahue
Title: Compliance Specialist Date: _____ Email: jdonahue@ardorenvironmental.com

ATTACHMENT LIST

Att Doc Num	Name
403978962	WIRELINE JOB SUMMARY
403978964	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)