

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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Date Received:

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, will be submitted by the Operator within thirty (30) days after the operations listed in Rule 416.a. The Operator will report the details of any Stimulation performed including, but not limited to, Hydraulic Fracturing Treatment and acidizing Stimulation. In order to resolve completed interval information uncertainties, the Director may require an Operator to submit further information in an additional Form 5A.

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: Anita Sanford  
Phone: (970) 551-8313  
Fax: \_\_\_\_\_  
Email: anita.sanford@scoutep.com

5. API Number 05-103-07692-00

6. County: RIO BLANCO

7. Well Name: MCLAUGHLIN, A C Well Number: 60X

8. Location: QtrQtr: NWSE Section: 14 Township: 2N Range: 103W Meridian: 6

9. Field Name: RANGELY Field Code: 72370

10. If Directional, footage at Top of Prod. Zone: 0 Feet 0 Feet  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

### Completed Interval

FORMATION: WEBER Status: INJECTING Treatment Type: ACID JOB  
Treatment Date: 07/15/2025 End Date: 07/15/2025 Date this Formation was Completed: 08/01/1975  
Perforations Top: 6436 Bottom: 6570 No. Holes: 398 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.

Pumped 2000 gallons (47.6 bbls) 15% HCL s/solvent and 35 bbls fresh water

This formation is commingled with another formation:  Yes  No  
Total fluid used in treatment (bbl): 82 Max pressure during treatment (psi): 2757  
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): 47 Number of staged intervals: \_\_\_\_\_  
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): 35 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: \_\_\_\_\_ 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: 6375 Tbg setting date: 08/13/2012 Packer Depth: 6290  
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:

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

**Att Doc Num Name**

Total Attach: 0 Files

#### General Comments

| User Group | Comment | Comment Date        |
|------------|---------|---------------------|
|            |         | Stamp Upon Approval |

Total: 0 comment(s)