

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 05-103-01056-00

6. County: RIO BLANCO

7. Well Name: MELLEN W P Well Number: 2

8. Location: QtrQtr: SESE Section: 9 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: 08/26/2004
Perforations Top: 6765 Bottom: 6819 No. Holes: _____ 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.

Pumped 4000 gallons (95.2 bbls) 15% HCL w/solvent and 35 bbls fresh water.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 130 Max pressure during treatment (psi): 1644
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): 95 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: _____ 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: 6591 Tbg setting date: 08/26/2004 Packer Depth: 6505
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)