

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:
404541510

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: 10539

2. Name of Operator: UTAH GAS OP LTD DBA UTAH GAS CORP

3. Address: 734 MAIN STREET 3RD FLOOR
City: GRAND JUNCTION State: CO Zip: 81501

4. Contact Name: April Mestas
Phone: (970) 2601864
Fax: _____
Email: amestas@utahgascorp.com

5. API Number 05-103-10025-00

6. County: RIO BLANCO

7. Well Name: PARK MOUNTAIN
Well Number: 4-18

8. Location: QtrQtr: NWNW Section: 18 Township: 3S Range: 103W Meridian: 6

9. Field Name: PARK MOUNTAIN Field Code: 67410

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

Completed Interval

FORMATION: DAKOTA Status: ABANDONED Treatment Type: HYDRAULIC FRACTURING
WELLBORE/COMPLETION

Treatment Date: 02/19/2001 End Date: 02/19/2001 Date this Formation was Completed: 02/19/2001

Perforations Top: 6888 Bottom: 6996 No. Holes: 68 Hole size: 47/100 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.

830 BBLs binary fluid and 213,000# 20-40 sand

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): _____

Recycled Produced Water Alternative used in treatment (bbls): _____

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: _____

Estimated 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: sub economic

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6850 ** Sacks cement on top: 3 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 07/26/2001 End Date: 07/26/2001 Date this Formation was Completed: _____

Perforations Top: 6332 Bottom: 6362 No. Holes: 120 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.

Acidize with 1500 Gal 7.5% HCL w/150 ball sealers

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): _____

Recycled Produced Water Alternative used in treatment (bbls): _____

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: _____
 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:

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:

No cement nor wireline tickets are available. This information was all found from the attached WBD that was submitted to ECMC on 11/11/2021 (Doc. 402868816). This form is being submitted just to update the producing formation to Niobrara. Form 7 reporting will also be updated. Please note that the number of sxs cement on top of the CIBP on the Formation tab is not correct. The info we have is that 30' cement was placed on top of CIBP.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: April Mestas
 Title: Regulatory Manager Date: _____ Email: amestas@utahgascorp.com

ATTACHMENT LIST

Att Doc Num	Name
404541596	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)