FORM 5A						
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FORM 5A Rev 09/20

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

COMPLETED INTERVAL REPORT

Document Number:

402582038

Date Received:

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. OGCC Operator Number: 10673

2. Name of Operator: GADECO LLC

3. Address: 7535 EAST HAMPDEN AVE STE 400

   City: DENVER   State: CO   Zip: 80231

4. Contact Name: Trent Green

   Phone: (303) 346-3696

   Fax:

   Email: trent@gfccap.com

5. API Number   05-081-06139-00

7. Well Name: GRYNBERG STATE

8. Location: QtrQtr: SWSE   Section: 3   Township: 11N   Range: 101W   Meridian: 6

9. Field Name: SUGAR LOAF   Field Code: 80000

6. County: MOFFAT

   Well Number: 1

Completed Interval

FORMATION: MESAVERDE   Status: TEMPORARILY ABANDONED   Treatment Type: _____

Treatment Date: _____   End Date: _____   Date this Formation was Completed: _____

Perforations   Top: 4912   Bottom: 5113   No. Holes: 9   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.

_____

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): _____	

<div style="border:1px solid red; text-align:center;">**Fracture stimulations must be reported on FracFocus.org**</div>

Test Information:

Date	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: TA to evaluate well

Date formation Abandoned: 01/01/2013   Squeeze: ☐ Yes   ☐ No   If yes, number of sacks cmt _____

** Bridge Plug Depth: 5178   ** Sacks cement on top: 3   ** Wireline and Cement Job Summary must be attached.

Comment:

This Form 5A is being submitted to report historical work on this well which includes perforations from 4912' – 5113' along with a CIBP set at 5178' with 3 sxs cmt. Due to the age and the legal issues with the previous operator historical wireline tickets are not available for the well. Unfortunately, the vendor who P&Ad this well was unable to tag this plug during their operations.

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

Signed: _____   Print Name: Raelene Milne

Title: Regulatory Analyst   Date: _____   Email: rmilne@progressivepcs.net

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Attachment List

Att Doc Num	**Name**

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)