

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



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Document Number:

402831363

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. OGCC Operator Number: 52530

2. Name of Operator: MAGPIE OPERATING INC

3. Address: 2707 SOUTH COUNTY RD 11

City: LOVELAND

State: CO

Zip: 80537

4. Contact Name: Jody Kost

Phone: (719) 429-1434

Fax:

Email: magpieoil2@yahoo.com

5. API Number 05-069-06535-00

7. Well Name: Bunker 8

8. Location: QtrQtr: NESW

Section: 29

Township: 5N

Range: 68W

Meridian: 6

9. Field Name: LOVELAND

Field Code: 52000

6. County: LARIMER

Well Number: 2H

## Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING  
Treatment Date: 08/16/2021 End Date: 08/21/2021 Date this Formation was Completed: 10/21/2021  
Perforations Top: 6321 Bottom: 12422 No. Holes: 1120 Hole size: 0.36 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 was a slickwater treatment. 17,502 gal (417 bbl) 28% HCl Proppant: 1,900,080 lbs 100 mesh, 5,855,726 lbs 40/70. Flowback volumes were measured via digital meters.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 194903 Max pressure during treatment (psi): 8446  
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 0.19  
Type of gas used in treatment: Min frac gradient (psi/ft): 0.72  
Total acid used in treatment (bbl): 417 Number of staged intervals: 32  
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 636  
Fresh water used in treatment (bbl): 194486 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 7755806

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

### Test Information:

10/21/2021 Hours: 1 Bbl oil: 17 Mcf Gas: 27 Bbl H2O: 5  
Date Calculated 24 hour rate: Bbl oil: 408 Mcf Gas: 648 Bbl H2O: 120 GOR: 1588  
Test Method: Flowing Casing PSI: 900 Tubing PSI: 450 Choke Size: 23/64  
Gas Disposition: SOLD Gas Type: SHALE Btu Gas: 38 API Gravity Oil: 1300  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4859 Tbg setting date: 10/15/2021 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:

This Form 5A was delayed in submittal due to a delay in cleaning out the well and achieving measurable production. An extension was granted by COGCC - please see attached correspondence.

The Chemical Disclosure was uploaded 9/17/2021.

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
402857898	WELLBORE DIAGRAM
402882427	OTHER
402882721	CORRESPONDENCE

Total Attach: 3 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	rt'd to DRAFT - incomplete for required treatment details (narrative and blank individual entries); no FF reporting	11/29/2021

Total: 1 comment(s)