

**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



DE	ET	OE	ES
----	----	----	----

Document Number:  
403048604

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: <u>10749</u>	4. Contact Name: <u>Bob Berry</u>
2. Name of Operator: <u>SIMCOE LLC</u>	Phone: <u>(817) 946-8699</u>
3. Address: <u>1199 MAIN AVE SUITE 101</u>	Fax: _____
City: <u>DURANGO</u> State: <u>CO</u> Zip: <u>81301</u>	Email: <u>bob.berry@ikavenergy.com</u>

5. API Number <u>05-067-06818-00</u>	6. County: <u>LA PLATA</u>
7. Well Name: <u>FEDERAL LAND BANK C</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>36</u> Township: <u>34N</u> Range: <u>9W</u> Meridian: <u>M</u>	
9. Field Name: <u>IGNACIO BLANCO</u> Field Code: <u>38300</u>	

## Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: ACID JOB  
Treatment Date: 05/12/2022 End Date: 05/13/2022 Date this Formation was Completed: 06/27/1987  
Perforations Top: 2706 Bottom: 3058 No. Holes: 892 Hole size: 0.5 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.

5/12/2022: PUMP 1000 GAL (23.8 BBL) 15% HCL W/ ADDITIVES DOWN CASING X TUBING ANNULUS, 5 BBL FLUSH (0.5% KCL W/ 2 GPT BIOCIDES AND 1 GPT SURFACTANT), SOAK 1 HOUR. MAX PRESSURE OBSERVED DURING TREATMENT 88 PSI; WELL WENT ON VACUUM DURING PUMPING OPERATIONS AT 7 BBL TOTAL FLUID PUMPED. PUMP 15 BBL NEUTRALIZATION SLURRY (15 BBL 0.5% KCL W/ 2 GPT BIOCIDES AND 600# SODA ASH), 5 BBL FLUSH, SOAK OVERNIGHT. 5/13/2022: OPERATIONS STARTUP ARTIFICIAL LIFT, RETURNED WELL TO SERVICE.

This formation is commingled with another formation:  Yes  No  
Total fluid used in treatment (bbl): 49 Max pressure during treatment (psi): 88  
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): 24 Number of staged intervals: \_\_\_\_\_  
Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): 25 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: \_\_\_\_\_ 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:

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

Signed: \_\_\_\_\_ Print Name: Bob Berry  
Title: Production Engineer Date: \_\_\_\_\_ Email: bob.berry@ikavenergy.com

## Attachment List

**Att Doc Num**      **Name**

Total Attach: 0 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)