

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401664557

Date Received: 06/06/2018

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: 10133
2. Name of Operator: HILCORP ENERGY COMPANY
3. Address: P O BOX 61229 City: HOUSTON State: TX Zip: 77208
4. Contact Name: Amanda Walker Phone: (505) 324.5122 Fax: Email: mwalker@hilcorp.com

5. API Number 05-067-09924-00
6. County: LA PLATA
7. Well Name: ALLISON UNIT COM Well Number: 138H
8. Location: QtrQtr: LOT 3 Section: 8 Township: 32N Range: 6W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 3069 Bottom: 6484 No. Holes: Hole size:
Provide a brief summary of the formation treatment: Open Hole: [X]

This is a HZ lateral that was drilled into the Coal, and only circ clean, then pre-perf'd liner ran. No stimulation took place.

This formation is commingled with another formation: [] Yes [X] 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 water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: []
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

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:

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:

SHL is in NM (API# 3004535634), BHL and production will come from Colorado

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

Signed: _____ Print Name: Amanda Walker

Title: Operation/Regulatory Tech Date: 6/6/2018 Email: mwalker@hilcorp.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401664557	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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