

FORM
5A

Rev
06/12

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:

400657544

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: 10396
2. Name of Operator: SOUTHWESTERN ENERGY PRODUCTION
3. Address: 2350 N SAM HOUSTON PKWY EAST #125
City: HOUSTON State: TX Zip: 77032
4. Contact Name: Cheryl Rowell
Phone: (281) 618-7439
Fax:
Email: cheryl_rowell@swn.com

5. API Number 05-081-07282-00
6. County: MOFFAT
7. Well Name: NORTH FORK
Well Number: 43-12
8. Location: QtrQtr: NESE Section: 12 Township: 7N Range: 93W Meridian: 6
9. Field Name: ENCORE Field Code: 21530

Completed Interval

FORMATION: NIOBRARA Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 8637 Bottom: 10164 No. Holes: 45 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
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 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: No casing integrity below 6300'. Set cement plug accross Niobrara perfs.
Date formation Abandoned: 08/01/2014 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 375
** Bridge Plug Depth: 8609 ** Sacks cement on top: 24 ** Wireline and Cement Job Summary must be attached.

Comment:

Southwestern a new operator in Colorado as of 5/1/14 has been working diligently to learn and meet all COGCC rules and regulations while implementing a 2014 drilling program in the Sand Wash Basin. The North Fork 43-12 was purchased from Quicksilver with a 2 year SI status requiring an MIT. Southwestern had filed a Form 4 requesting extension of the MIT in order to test the Niobrara and if proven uneconomical temporarily abandon. The MIT extension was granted for 30 days with by Stuart Ellsworth with the understanding Southwestern would produce or TA the well and conduct an MIT. While reviewing our files to prepare for requesting an MIT, it was discovered a Form 4 was not filed requesting the following work which had been conducted on the well.

Niobrara tested uneconomical. Wellbore has no integrity below 6300'.

Operations 7/16/14 - 8/1/14: Pressure test well, test failed multiple times, tested successful @ 6300'. Set CICR @ 8609'. Pump cement plug across the Niobrara perms 8,637-10,164', 375 sxs cement. Pumped 5 bbls cement (130') on top of CICR. Attempted to set CICR @ 6300', CICR set prematurely @ 3438' (3rd CICR to activate early). Pumped 1430 sxs cement below cement retainer, 5 bbls cement top of retainer.

Southwestern would like to request TA status in order to hold wellbore for future utilization.

MIT request submitted 8/7/2014. Doc #400659180

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

Signed: _____ Print Name: Cheryl Rowell

Title: Sr. Staff Reg. Analyst Date: _____ Email: cheryl_rowell@swn.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400657970	WELLBORE DIAGRAM
400657971	WELLBORE DIAGRAM
400657974	OTHER
400657992	OPERATIONS SUMMARY
400659159	CEMENT JOB SUMMARY
400659164	CEMENT JOB SUMMARY

Total Attach: 6 Files

General Comments

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

Total: 0 comment(s)