

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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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: 10629 4. Contact Name: Sydney Smith
 2. Name of Operator: FIFTH CREEK ENERGY OPERATING COMPANY Phone: (303) 910-4511
 3. Address: 5251 DTC PKWY STE 420 Fax: _____
 City: GREENWOOD State: CO Zip: 80111 Email: ssmith@fifthcreekenergy.com

5. API Number 05-123-44711-00 6. County: WELD
 7. Well Name: Critter Creek Well Number: 278-1527H
 8. Location: QtrQtr: SWSE Section: 15 Township: 11N Range: 63W Meridian: 6
 9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 07/24/2017 End Date: 08/14/2017 Date of First Production this formation: 08/31/2017
 Perforations Top: 7991 Bottom: 17671 No. Holes: 1491 Hole size: 4/2
 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): 461123 Max pressure during treatment (psi): 8977
 Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 90.70
 Total acid used in treatment (bbl): 5173 Number of staged intervals: 82
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 3503
 Fresh water used in treatment (bbl): 461123 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 15432773 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/12/2017 Hours: 24 Bbl oil: 1191 Mcf Gas: 853 Bbl H2O: 2254
 Calculated 24 hour rate: Bbl oil: 3445 Mcf Gas: 853 Bbl H2O: 2254 GOR: 716
 Test Method: Liquid Gauge Casing PSI: 384 Tubing PSI: 1238 Choke Size: 92
 Gas Disposition: _____ Gas Type: _____ Btu Gas: 1600 API Gravity Oil: 36
 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:

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

Signed: _____ Print Name: Sydney Smith

Title: Regulatory Analyst Date: _____ Email: ssmith@fifthcreekenergy.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)