

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:

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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: 26580

2. Name of Operator: BURLINGTON RESOURCES OIL & GAS LP

3. Address: 600 N DAIRY ASHFORD RD

City: HOUSTON

State: TX

Zip: 77079

4. Contact Name: Jennifer Dixon

Phone: (832) 486-3345

Fax:

Email: jennifer.a.dixon@cop.com

5. API Number 05-005-07265-00

7. Well Name: Rush 4-65 29-30

8. Location: QtrQtr: NWSW

Section: 28

Township: 4S

Range: 65W

Meridian: 6

9. Field Name: WILDCAT

Field Code: 99999

6. County: ARAPAHOE

Well Number: 3AH

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/12/2017 End Date: 10/18/2017 Date of First Production this formation: 11/15/2017
Perforations Top: 8476 Bottom: 15476 No. Holes: 1002 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

Treatment Consisted of:
246,065 gallons of Treated Water
8,533,172 gallons of FR-76 Water
65,000 gallons of 15% HCL Acid
682,820 pounds of Common - 100 Mesh
8,663,768 pounds of Premium - 40/70

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

Total fluid used in treatment (bbl): 210577

Max pressure during treatment (psi): 8874

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 1.06

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.85

Total acid used in treatment (bbl): 1548

Number of staged intervals: 29

Recycled water used in treatment (bbl): 5859

Flowback volume recovered (bbl): 235629

Fresh water used in treatment (bbl): 203171

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 9346588

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/22/2017 Hours: 24 Bbl oil: 1051 Mcf Gas: 860 Bbl H2O: 637
Calculated 24 hour rate: Bbl oil: 1051 Mcf Gas: 860 Bbl H2O: 637 GOR: 1057
Test Method: Flowing Casing PSI: 0 Tubing PSI: 1325 Choke Size: 26
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 15 API Gravity Oil: 43
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7777 Tbg setting date: 11/02/2017 Packer Depth: 7754

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:

* Actual TPZ is 2482 FSL, 598 FEL SWSW, SECTION 29, T4S, R65W

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

Signed: _____ Print Name: Jennifer Dixon

Title: Regulatory Coordinator Date: _____ Email: jennifer.a.dixon@cop.com

Attachment Check List

Att Doc Num **Name**

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)