


<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 401309605  Date Received:				
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>10311</u> 2. Name of Operator: <u>SRC ENERGY INC</u> 3. Address: <u>1675 BROADWAY SUITE 2600</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Dave Kulmann</u> Phone: <u>(720) 616.4382</u> Fax: <u>(720) 616.4301</u> Email: <u>dkulmann@srcenergy.com</u>
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5. API Number <u>05-123-43167-00</u> 7. Well Name: <u>SRC WILLIAMS</u> 8. Location: QtrQtr: <u>NENW</u> Section: <u>4</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>12-4-5NM-C</u>
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**Completed Interval**

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>04/30/2017</u>	End Date: <u>05/08/2017</u>	Date of First Production this formation: <u>05/28/2017</u>
Perforations Top: <u>7302</u>	Bottom: <u>13497</u>	No. Holes: <u>1116</u> Hole size: <u>0.46</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>		
Plug and perf completion type. 31 stages. 136039 bbls of slickwater and gel. 371 bbls of 15% HCL acid used. 7254365 lbs. of proppant (100+ 30/50 mesh sand)		

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): <u>136410</u>	Max pressure during treatment (psi): <u>8004</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.98</u>
Total acid used in treatment (bbl): <u>371</u>	Number of staged intervals: <u>31</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>14846</u>
Fresh water used in treatment (bbl): <u>136039</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>7254365</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>07/01/2017</u>	Hours: <u>24</u>	Bbl oil: <u>369</u>	Mcf Gas: <u>659</u>	Bbl H2O: <u>200</u>
Calculated 24 hour rate:	Bbl oil: <u>369</u>	Mcf Gas: <u>659</u>	Bbl H2O: <u>200</u>	GOR: <u>1786</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>38</u>	Tubing PSI: <u>1463</u>	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1374</u>	API Gravity Oil: <u>48</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6718</u>	Tbg setting date: <u>06/15/2017</u>	Packer Depth: <u>6727</u>	

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: Dave Kulmann  
Title: Regulatory Director Date: \_\_\_\_\_ Email: dkulmann@srcenergy.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)