

FORM
5ARev
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: 10518 4. Contact Name: BOB WEITZEL
 2. Name of Operator: CONFLUENCE DJ LLC Phone: (970) 481-8730
 3. Address: 1001 17TH STREET #1250 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: RJWOFS@gmail.com

5. API Number 05-123-45544-00 6. County: WELD
 7. Well Name: Buford Well Number: 33-9-3L
 8. Location: QtrQtr: SWSW Section: 33 Township: 1N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 12/11/2017 End Date: 01/01/2018 Date of First Production this formation: 03/01/2018Perforations Top: 7941 Bottom: 17344 No. Holes: 40026 Hole size: 04/10

Provide a brief summary of the formation treatment:

Open Hole: ☐

Performed 52 Stage Frac, using a total of 15,096,680 lbs Sand, Total Fluid used 376,602 bbls, Max PSI 9325, Total of 40,026 holes, Perf. Diam. 0.40", Total Acid 15% HCl 1288 bbls.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 376602Max pressure during treatment (psi): 9325Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 41.80

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.87Total acid used in treatment (bbl): 1288Number of staged intervals: 52Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 51557Fresh water used in treatment (bbl): 375314Disposition method for flowback: DISPOSALTotal proppant used (lbs): 15096680Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/21/2018 Hours: 24 Bbl oil: 229 Mcf Gas: 121 Bbl H2O: 2029Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: 1Test Method: Flowing Casing PSI: 920 Tubing PSI: _____ Choke Size: 25/64Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1435 API Gravity Oil: 38

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:

The GOR entry of 0.53 gets changed to 1 when the Form is saved and reopened.

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

Signed: _____

Print Name: PAUL GOTTLOB

Title: Regulatory & Engin. Tech.

Date: _____

Email paul.gottlob@iptenergyservices.com
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Attachment Check List

Att Doc Num

Name

401565738

WELLBORE DIAGRAM

401567135

OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Stamp Upon
Approval

Total: 0 comment(s)