

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:

401556373

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 05-123-45542-00 6. County: WELD  
 7. Well Name: Buford Well Number: 33-10-4L  
 8. Location: QtrQtr: SWSW Section: 33 Township: 1N Range: 65W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

## Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/10/2017 End Date: 01/01/2018 Date of First Production this formation: 02/28/2018  
 Perforations Top: 8081 Bottom: 17458 No. Holes: 39318 Hole size: 04/10

Provide a brief summary of the formation treatment:

Open Hole: ☐

Performed 57 Stage Frac, using a total of 14,172,827 lbs Sand, Total Fluid used 371,143 bbls, Max PSI 9229, Total of 39,318 holes, Perf. Diam. 0.40", Total Acid 15% HCl 90 bbls.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 371143Max pressure during treatment (psi): 9229Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 39.06

Type of gas used in treatment: \_\_\_\_\_

Min frac gradient (psi/ft): 0.89Total acid used in treatment (bbl): 90Number of staged intervals: 57Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 43485Fresh water used in treatment (bbl): 371053Disposition method for flowback: DISPOSALTotal proppant used (lbs): 14172827Rule 805 green completion techniques were utilized: ☒

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

Fracture stimulations must be reported on [FracFocus.org](http://FracFocus.org)

## Test Information:

Date: 01/21/2018 Hours: 24 Bbl oil: 210 Mcf Gas: 310 Bbl H2O: 1713  
 Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: 1  
 Test Method: FLOWING Casing PSI: 640 Tubing PSI: \_\_\_\_\_ Choke Size: 21/64  
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1415 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:

GOR is 1.48 but is automatically rounding to 1.

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**

401567132	WELLBORE DIAGRAM
401567133	OPERATIONS SUMMARY

Total Attach: 2 Files

### **General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)