

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:

401690929

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: 10531
2. Name of Operator: VANGUARD OPERATING LLC
3. Address: 5847 SAN FELIPE #3000
City: HOUSTON State: TX Zip: 77057
4. Contact Name: Scott Ghan
Phone: (970) 876-1959
Fax:
Email: sghan@vnrenergy.com

5. API Number 05-045-23497-00
6. County: GARFIELD
7. Well Name: CSF
Well Number: 41B-4-791
8. Location: QtrQtr: SESW Section: 33 Township: 6S Range: 91W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/24/2018 End Date: 06/04/2018 Date of First Production this formation: 06/08/2018

Perforations Top: 8323 Bottom: 8399 No. Holes: 33 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Rollins treatment was commingled with Williams Fork-Cameo

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

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

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.

FORMATION: WILLIAMS FORK - CAMEO Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/24/2018 End Date: 06/04/2018 Date of First Production this formation: 06/08/2018

Perforations Top: 6176 Bottom: 8315 No. Holes: 327 Hole size: 0.37

Provide a brief summary of the formation treatment: Open Hole: ☐

Williams Fork- Cameo treatment is commingled with Rollins

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

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

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.

FORMATION: WILLIAMS FK-ROLLINS-CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/24/2018 End Date: 06/04/2018 Date of First Production this formation: 06/07/2018

Perforations Top: 6176 Bottom: 8399 No. Holes: 360 Hole size: 0.37

Provide a brief summary of the formation treatment: Open Hole: ☐

Williams Fork-Rollins-Cameo frac'd with: 73,527 bbls Slurry, 47,009 bbls Recycled, 850,000 lbs 40/70 sand, 151,500 lbs Resin.

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

Total fluid used in treatment (bbl): 120536 Max pressure during treatment (psi): 5490

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.92

Type of gas used in treatment: Min frac gradient (psi/ft): 0.77

Total acid used in treatment (bbl): Number of staged intervals: 8

Recycled water used in treatment (bbl): 47009 Flowback volume recovered (bbl): 37148

Fresh water used in treatment (bbl): 73527 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1001500 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/26/2018 Hours: 24 Bbl oil: 11 Mcf Gas: 1170 Bbl H2O: 906

Calculated 24 hour rate: Bbl oil: 11 Mcf Gas: 1170 Bbl H2O: 906 GOR: 10636

Test Method: flowing Casing PSI: 463 Tubing PSI: 917 Choke Size: 32

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1196 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6079 Tbg setting date: 06/08/2017 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:

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

Signed: Print Name: Julie Webb

Title: Sr. Regulatory Analyst Date: Email: Jwebb@progressivepcs.net

Attachment Check List

Att Doc Num Name

Total Attach: 0 Files

General Comments

User Group Comment Comment Date

Stamp Upon Approval

Total: 0 comment(s)