

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 10110
2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC
3. Address: 1001 17TH STREET #2000
City: DENVER State: CO Zip: 80202
4. Contact Name: Miracle Pfister
Phone: (720) 595-2250
Fax:
Email: regulatorypermitting@gwogco.com

5. API Number 05-123-44683-00
6. County: WELD
7. Well Name: Schneider HD
Well Number: 11-299HNX
8. Location: QtrQtr: SWSW Section: 7 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/15/2017 End Date: 09/05/2017 Date of First Production this formation: 10/10/2017

Perforations Top: 7358 Bottom: 16811 No. Holes: 1512 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: []

99,108 gals 15% HCL; 766,565lbs 100 mesh; 8,693,531lbs 20/40; 213,047 bbls gelled fluid.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 215407 Max pressure during treatment (psi): 4910
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Min frac gradient (psi/ft): 1.00
Total acid used in treatment (bbl): 2360 Number of staged intervals: 63
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 12724
Fresh water used in treatment (bbl): 213047 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 9460096 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/13/2017 Hours: 24 Bbl oil: 506 Mcf Gas: 1564 Bbl H2O: 402
Calculated 24 hour rate: Bbl oil: 506 Mcf Gas: 1564 Bbl H2O: 402 GOR: 3090
Test Method: Flowing Casing PSI: 3000 Tubing PSI: 2400 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1280 API Gravity Oil: 51
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7037 Tbg setting date: 10/09/2017 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:

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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: Jack Desmond

Title: Regulatory Analyst Date: 7/13/2018 Email: jdesmond@gwogco.com
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Attachment Check List

Att Doc Num **Name**

401624701	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

Permit	•Permitting Review Complete.	07/19/2018
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Total: 1 comment(s)