

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

5. API Number 05-123-41747-00 6. County: WELD
 7. Well Name: Schneider HD Well Number: 11-392HN
 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 STIMULATIONTreatment Date: 02/06/2016 End Date: 02/19/2016 Date of First Production this formation: 03/09/2016Perforations Top: 7870 Bottom: 14571 No. Holes: 1080 Hole size: 0.38Provide a brief summary of the formation treatment: Open Hole: ☐

45,191 gals 15% HCl; 544,000 lbs 100 Mesh; 6,206,000 lbs 30/50; 144,952 bbls gel; Flowback determined from well test separator.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 146028Max pressure during treatment (psi): 7681Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 1.00Total acid used in treatment (bbl): 1076Number of staged intervals: 45Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 13933Fresh water used in treatment (bbl): 144952Disposition method for flowback: DISPOSALTotal proppant used (lbs): 6750000Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/14/2016 Hours: 24 Bbl oil: 442 Mcf Gas: 2214 Bbl H2O: 392
 Calculated 24 hour rate: Bbl oil: 442 Mcf Gas: 2214 Bbl H2O: 392 GOR: 5009
 Test Method: Flowing Casing PSI: 2900 Tubing PSI: 2450 Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1334 API Gravity Oil: 56
 Tubing Size: 2.375 Tubing Setting Depth: 7360 Tbg setting date: 03/08/2016 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: _____ Email: jdesmond@gwogco.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)