

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



DE	ET	OE	ES
----	----	----	----

Document Number:

401624835

Date Received:

08/22/2018

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 05-123-41748-00 6. County: WELD
 7. Well Name: Schneider HD Well Number: 11-352HN
 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: 02/06/2016 End Date: 02/19/2016 Date of First Production this formation: 03/13/2016
 Perforations Top: 7629 Bottom: 14405 No. Holes: 1080 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

46,370 Gals 15 % HCL; 535,000 lbs 100 Mesh; 6,068,000 lbs 30/50; 146,641 bbls gelled fluid; Flowback determined from well test separator.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 147745Max pressure during treatment (psi): 4273

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.98Total acid used in treatment (bbl): 1104Number of staged intervals: 45

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 9567Fresh water used in treatment (bbl): 146641Disposition method for flowback: DISPOSALTotal proppant used (lbs): 6603000Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/20/2016 Hours: 24 Bbl oil: 329 Mcf Gas: 1575 Bbl H2O: 265
 Calculated 24 hour rate: Bbl oil: 329 Mcf Gas: 1575 Bbl H2O: 265 GOR: 4787
 Test Method: Flowing Casing PSI: 2897 Tubing PSI: 2447 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1334 API Gravity Oil: 56
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7209 Tbg setting date: 03/12/2016 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:

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: 8/22/2018

Email: jdesmond@gwogco.com

:

Attachment Check List

Att Doc Num

Name

401624835

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Permit	<ul style="list-style-type: none">•Corrected Max pressure per Operator.•Corrected Flowback Volume to previously reported values.•Passed Permitting Review.	08/24/2018
Permit	Returned to Draft at operator's request.	08/22/2018
Permit	Returned to Draft: <ul style="list-style-type: none">•Missing type of fluid used (gel, slickwater, etc.) in treatment summary.•Tubing size should be in a mixed fraction.•Max pressure during treatment appears high.	07/20/2018

Total: 3 comment(s)