

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:

401701217

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: 10311

2. Name of Operator: SRC ENERGY INC

3. Address: 1675 BROADWAY SUITE 2600

City: DENVER State: CO Zip: 80202

4. Contact Name: Christi Ng

Phone: (720) 616-4385

Fax: (720) 616-4301

Email: cng@srcenergy.com

5. API Number 05-123-44184-00

7. Well Name: Goetzel

8. Location: QtrQtr: NESW Section: 29 Township: 6N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 34C-30-M

Completed Interval

FORMATION: CODELL-FORT HAYS

Status: PRODUCING

Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/25/2018 End Date: 03/31/2018 Date of First Production this formation: 08/03/2018

Perforations Top: 7810 Bottom: 15514 No. Holes: 1404 Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole: ☐

Plug and perf completion type. 39 stages. 152718 bbl of slickwater and gel. 192 bbl of 15% HCL acid used. 5403360 lb. of proppant (100+20/40+40/70 white sand).

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

Total fluid used in treatment (bbl): 152910

Max pressure during treatment (psi): 6353

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment:

Min frac gradient (psi/ft): 1.06

Total acid used in treatment (bbl): 192

Number of staged intervals: 39

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 4652

Fresh water used in treatment (bbl): 152718

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5403360

Rule 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: 08/21/2018 Hours: 24 Bbl oil: 286 Mcf Gas: 530 Bbl H2O: 182

Calculated 24 hour rate: Bbl oil: 286 Mcf Gas: 530 Bbl H2O: 182 GOR: 1853

Test Method: flowing Casing PSI: 44 Tubing PSI: 1575 Choke Size: 13/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1000 API Gravity Oil: 44

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7374 Tbg setting date: 06/08/2018 Packer Depth: 7352

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: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 7810 Bottom: 15514 No. Holes: 1404 Hole size: 0.46

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

7810-9347, 9465-15514

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: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 9347 Bottom: 9465 No. Holes: 1404 Hole size: 0.46

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

9347-9465

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.

#### Comment:

The bottom of the completed interval is at 72' FSL and 693' FWL of Sec 30. The wellbore beyond the unit boundary setback is physically isolated by a composite plug. SRC Energy certifies that none of the wellbore beyond the unit boundary setback was completed.

Well faulted into the Fort Hays formation in the lateral.

Submittal of the form was delayed due to delayed test data. Elevated line pressures at the gas processing plant caused SRC to postpone well testing until takeaway capacity increased.

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

Signed: Print Name: Christi Ng

Title: Sr. Regulatory Analyst Date: Email: cng@srcenergy.com

### Attachment Check List

Att Doc Num Name

Total Attach: 0 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)