

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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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: 10575
2. Name of Operator: 8 NORTH LLC
3. Address: 370 17TH STREET SUITE 5300
City: DENVER State: CO Zip: 80202
4. Contact Name: Elaine Winick
Phone: (970) 576-3461
Fax: (970) 534-6001
Email: ewinick@extractionog.com

5. API Number 05-123-42283-00
6. County: WELD
7. Well Name: Silverback
Well Number: 1
8. Location: QtrQtr: NENW Section: 36 Township: 12N Range: 62W Meridian: 6
9. Field Name: DJ HORIZONTAL CODELL Field Code: 16948

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/30/2015 End Date: 12/04/2015 Date of First Production this formation: 12/30/2015
Perforations Top: 7948 Bottom: 17509 No. Holes: 1549 Hole size: 42/100

Provide a brief summary of the formation treatment: Open Hole: []
Perforated Codell from 7948 - 10115, 10645 - 14308 and 14940 - 17509 with a total of 1549 holes.

This formation is commingled with another formation: [] Yes [X] 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: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/30/2015 End Date: 12/04/2015 Date of First Production this formation: 12/30/2015

Perforations Top: 7715 Bottom: 14907 No. Holes: 198 Hole size: 42/100

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

Perforated Fort Hays from 7715 - 7916, 10146 - 10613 and 14340 - 14907 with a total of 198 holes.

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: NIORRARA-FT HAYS-CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/30/2015 End Date: 12/04/2015 Date of First Production this formation: 12/30/2015

Perforations Top: 7615 Bottom: 17509 No. Holes: 1765 Hole size: 42/100

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

Frac'd Niobrara-Fort Hays-Codell with 50 stage plug and perf:
10,034,030 total pounds of 40/70 mesh sand proppant pumped;
111,558 total bbls of fresh water pumped.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 111558 Max pressure during treatment (psi): 8423

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): 0.81

Total acid used in treatment (bbl): _____ Number of staged intervals: 50

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 11044

Fresh water used in treatment (bbl): 111558 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 10034030 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/31/2015 Hours: 24 Bbl oil: 166 Mcf Gas: 80 Bbl H2O: 1018

Calculated 24 hour rate: Bbl oil: 166 Mcf Gas: 80 Bbl H2O: 1018 GOR: 482

Test Method: measured Casing PSI: 1025 Tubing PSI: 425 Choke Size: 20/64

Gas Disposition: FLARED Gas Type: WET Btu Gas: 1350 API Gravity Oil: 37

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7217 Tbg setting date: 12/28/2015 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: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/30/2015 End Date: 12/04/2015 Date of First Production this formation: 12/30/2015

Perforations Top: 7615 Bottom: 7683 No. Holes: 18 Hole size: 42/100

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

Perforated Niobrara from 7615 - 7683 with a total of 18 holes.

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: _____

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

Signed: _____ Print Name: Elaine Winick

Title: Completions Tech Date: _____ Email: ewinick@extractionog.com

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)