

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



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

Document Number:

401754541

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 ☒ 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: NIOBRARA-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: <input type="checkbox"/>		
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:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input checked="" type="checkbox"/>		
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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)