FORM 5A Rev 06/12

State of Colorado
Oil and Gas Conservation Commission

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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: 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 05-123-45119-00
6. County: WELD
7. Well Name: Falken
Well Number: 30C-14-S
8. Location: QtrQtr: NESE Section: 11 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/30/2018 End Date: 05/04/2018 Date of First Production this formation: 08/13/2018

Perforations Top: 8086 Bottom: 13468 No. Holes: 972 Hole size: 0.46

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

Plug and perf completion type. 27 stages. 119619 bbl of slickwater and gel. 71 bbl of 15% HCL acid used. 4228540 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): 119690
Max pressure during treatment (psi): 6861
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): 0.90
Total acid used in treatment (bbl): 71
Number of staged intervals: 27
Recycled water used in treatment (bbl):
Flowback volume recovered (bbl): 2413
Fresh water used in treatment (bbl): 119619
Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 4228540
Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/07/2018 Hours: 24 Bbl oil: 262 Mcf Gas: 357 Bbl H2O: 124

Calculated 24 hour rate: Bbl oil: 262 Mcf Gas: 357 Bbl H2O: 124 GOR: 1363

Test Method: flowing Casing PSI: 0 Tubing PSI: 789 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1000 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7608 Tbg setting date: 08/24/2018 Packer Depth: 7587

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: 8086 Bottom: 13468 No. Holes: 972 Hole size: 0.46

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

8086-11050, 11200-13468

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: 11050 Bottom: 11200 No. Holes: 972 Hole size: 0.46

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

11050-11200

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 108' FNL and 222' FWL of Sec 14. 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.

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

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)