FORM 5A Rev 06/12

State of Colorado
Oil and Gas Conservation Commission

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Document Number: 401758352

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 05-123-45115-00
6. County: WELD
7. Well Name: Falken
Well Number: 32C-9-L
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: 05/09/2018 End Date: 05/19/2018 Date of First Production this formation: 07/26/2018

Perforations Top: 7842 Bottom: 18934 No. Holes: 2005 Hole size: 0.46

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

Plug and perf completion type. 56 stages. 289387 bbl of slickwater and gel. 91 bbl of 15% HCL acid used. 9465360 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): 289478
Max pressure during treatment (psi): 8048
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): 0.95
Total acid used in treatment (bbl): 91
Number of staged intervals: 56
Recycled water used in treatment (bbl):
Flowback volume recovered (bbl): 3549
Fresh water used in treatment (bbl): 289387
Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 9465360
Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/27/2018 Hours: 24 Bbl oil: 324 Mcf Gas: 651 Bbl H2O: 173

Calculated 24 hour rate: Bbl oil: 324 Mcf Gas: 651 Bbl H2O: 173 GOR: 2009

Test Method: flowing Casing PSI: 0 Tubing PSI: 1000 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1000 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7407 Tbg setting date: 09/11/2018 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: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 7842 Bottom: 18934 No. Holes: 2005 Hole size: 0.46

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

7842-10133, 10675-15165, 15330-17271, 17396-18934

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: 10133 Bottom: 17396 No. Holes: 2005 Hole size: 0.46

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

10133-10675, 15165-15330, 17271-17396

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:

Unable to install packer due to downhole obstruction.

Top of productive zone footages: 2523'FSL 348'FWL Section 12, T6N R66W.

The bottom of the completed interval is at 2500' FSL and 137' FEL of Sec 9. 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)