

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> <p>Document Number: 401686319</p> <p>Date Received:</p>	DE	ET	OE	ES
DE	ET	OE	ES				

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: <u>10110</u>	4. Contact Name: <u>Miracle Pfister</u>
2. Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(720) 595-2250</u>
3. Address: <u>1001 17TH STREET #2000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>regulatorypermitting@gwogco.com</u>

5. API Number <u>05-123-45387-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Marcus LD</u>	Well Number: <u>11-378HNX</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>34</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/17/2018 End Date: 02/10/2018 Date of First Production this formation: 03/14/2018

Perforations Top: 8280 Bottom: 16151 No. Holes: 1378 Hole size: 0.38

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

676,301 lbs 100 Mesh Sand; 6,772,785 lbs 20/40 Sand; 2,630 bbls 15% HCL Acid; 202,110 bbls Gelled Fluid. Flowback determined from well test separator

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>204740</u>	Max pressure during treatment (psi): <u>5337</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.94</u>
Total acid used in treatment (bbl): <u>2630</u>	Number of staged intervals: <u>53</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>14822</u>
Fresh water used in treatment (bbl): <u>202110</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>7449086</u>	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

Test Information:

Date: <u>03/18/2018</u>	Hours: <u>24</u>	Bbl oil: <u>378</u>	Mcf Gas: <u>404</u>	Bbl H2O: <u>203</u>
Calculated 24 hour rate:	Bbl oil: <u>378</u>	Mcf Gas: <u>404</u>	Bbl H2O: <u>203</u>	GOR: <u>1068</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1325</u>	Tubing PSI: <u>975</u>	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1321</u>	API Gravity Oil: <u>45</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>7893</u>	Tbg setting date: <u>03/02/2018</u>	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: Jack Desmond

Title: Regulatory Analyst Date: _____ Email jdesmond@gwogco.com

Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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

Total: 0 comment(s)