

FORM
5ARev
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



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Document Number:

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

5. API Number 05-123-45383-00 6. County: WELD
 7. Well Name: Marcus LD Well Number: 11-371HNX
 8. Location: QtrQtr: SESE Section: 34 Township: 1N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 02/12/2018 End Date: 03/11/2018 Date of First Production this formation: 04/04/2018Perforations Top: 8706 Bottom: 17497 No. Holes: 1416 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

733,942 lbs 100 Mesh Sand; 7,809,126 lbs 20/40 Sand; 2,902 bbls 15% HCL Acid; 228,856 bbls Gelled Fluid. Flowback determined from well test separator.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 231758Max pressure during treatment (psi): 7295Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.97Total acid used in treatment (bbl): 2902Number of staged intervals: 59Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 12463Fresh water used in treatment (bbl): 228856Disposition method for flowback: DISPOSALTotal proppant used (lbs): 8543068Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/10/2018 Hours: 24 Bbl oil: 509 Mcf Gas: 527 Bbl H2O: 307Calculated 24 hour rate: Bbl oil: 509 Mcf Gas: 527 Bbl H2O: 307 GOR: 1035Test Method: Flowing Casing PSI: 2168 Tubing PSI: 1680 Choke Size: 16/64Gas Disposition: SOLD Gas Type: WET Btu Gas: 1321 API Gravity Oil: 45Tubing Size: 2 + 7/8 Tubing Setting Depth: 8382 Tbg setting date: 03/29/2018 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.

Comment:

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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

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Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)