

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 401867491 Date Received:				
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>10311</u> 2. Name of Operator: <u>SRC ENERGY INC</u> 3. Address: <u>1675 BROADWAY SUITE 2600</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Christi Ng</u> Phone: <u>(720) 616.4300</u> Fax: <u>(720) 616.4301</u> Email: <u>cng@srcenergy.com</u>
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5. API Number <u>05-123-46354-00</u> 7. Well Name: <u>Harvesters State</u> 8. Location: QtrQtr: <u>SWNE</u> Section: <u>15</u> Township: <u>6N</u> Range: <u>66W</u> Meridian: <u>6</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>30N-16B-M</u>
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Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>08/27/2018</u>	End Date: <u>09/02/2018</u>	Date of First Production this formation: <u>11/23/2018</u>
Perforations Top: <u>7566</u>	Bottom: <u>14808</u>	No. Holes: <u>1296</u> Hole size: <u>0.46</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>		
Plug and perf completion type. 36 stages. 169205 bbl of slickwater and gel. 474 bbl of 15% HCL acid used. 8438338 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): <u>169679</u>	Max pressure during treatment (psi): <u>8219</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>1.03</u>
Total acid used in treatment (bbl): <u>474</u>	Number of staged intervals: <u>36</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>5962</u>
Fresh water used in treatment (bbl): <u>169205</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>8438338</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>12/07/2018</u>	Hours: <u>24</u>	Bbl oil: <u>280</u>	Mcf Gas: <u>426</u>	Bbl H2O: <u>345</u>
Calculated 24 hour rate:	Bbl oil: <u>280</u>	Mcf Gas: <u>426</u>	Bbl H2O: <u>345</u>	GOR: <u>1521</u>
Test Method: <u>flowing</u>	Casing PSI: <u>1</u>	Tubing PSI: <u>1125</u>	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1000</u>	API Gravity Oil: <u>46</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7187</u>	Tbg setting date: <u>11/13/2018</u>	Packer Depth: <u>7165</u>	

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:

Top of productive zone footages: 316'FNL 2185'FWL Section 15, T6N R66W.

The bottom of the completed interval is at 292'FNL 265'FWL of Sec 16. 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**

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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)