

FORM  
5ARev  
06/12

## State of Colorado

## Oil and Gas Conservation Commission

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Document Number:

401867464

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

4. Contact Name: Christi Ng

2. Name of Operator: SRC ENERGY INC

Phone: (720) 616.4300

3. Address: 1675 BROADWAY SUITE 2600

Fax: (720) 616.4301

City: DENVER State: CO Zip: 80202

Email: cng@srcenergy.com

5. API Number 05-123-46371-00

6. County: WELD

7. Well Name: Harvesters State

Well Number: 5C-16-M

8. Location: QtrQtr: SWNE

Section: 15

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: 06/16/2018

End Date: 09/21/2018

Date of First Production this formation: 11/24/2018

Perforations

Top: 7675

Bottom: 14917

No. Holes: 1296

Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole: ☐

Plug and perf completion type. 36 stages. 194202 bbl of slickwater and gel. 24 bbl of 15% HCL acid used. 8524538 lb. of proppant (100+20/40 white sand).

This formation is commingled with another formation:

☐ Yes ☒ No

Total fluid used in treatment (bbl): 194226

Max pressure during treatment (psi): 7512

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): 1.03

Total acid used in treatment (bbl): 24

Number of staged intervals: 36

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 7292

Fresh water used in treatment (bbl): 194202

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 8524538

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

## Test Information:

Date: 12/08/2018

Hours: 24

Bbl oil: 432

Mcf Gas: 660

Bbl H2O: 502

Calculated 24 hour rate:

Bbl oil: 432

Mcf Gas: 660

Bbl H2O: 502

GOR: 1528

Test Method: flowing

Casing PSI: 350

Tubing PSI: 1398

Choke Size: 16/64

Gas Disposition: SOLD

Gas Type: WET

Btu Gas: 1000

API Gravity Oil: 46

Tubing Size: 2 + 3/8

Tubing Setting Depth: 7302

Tbg setting date: 11/07/2018

Packer Depth: 7279

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: 7675 Bottom: 14917 No. Holes: 1296 Hole size: 0.46

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

7675-11245, 11630-14917

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: 11245 Bottom: 11630 No. Holes: 1296 Hole size: 0.46

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

11245-11630

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:

Top of productive zone footages: 1634'FNL 2198'FWL Section 15, T6N R66W.

The bottom of the completed interval is at 'FNL and '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

Total Attach: 0 Files

### General Comments

User Group Comment Comment Date

Stamp Upon Approval

Total: 0 comment(s)