

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



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Document Number:

401526923

Date Received:

01/29/2018

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>19160</u>	4. Contact Name: <u>Jennifer Dixon</u>
2. Name of Operator: <u>CONOCO PHILLIPS COMPANY</u>	Phone: <u>(832) 486-3345</u>
3. Address: <u>925 N ELDRIDGE PARKWAY</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u>	Email: <u>jennifer.a.dixon@cop.com</u>

5. API Number <u>05-005-07295-00</u>	6. County: <u>ARAPAHOE</u>
7. Well Name: <u>State Bierstadt 4-65 35-34</u>	Well Number: <u>1DH</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>35</u> Township: <u>4S</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/04/2017 End Date: 12/13/2017 Date of First Production this formation: 01/12/2018
Perforations Top: 9355 Bottom: 16657 No. Holes: 1293 Hole size: 19/50

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

Treatment Summary:
5,457,865 gallons of FR Water (FR-76)
367,349 gallons of Treated Water
82,062 gallons of 15% HCl Acid
747,380 pounds of 100 Mesh
3,228,590 pounds of 40/70

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 140649

Max pressure during treatment (psi): 8686

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 0.71

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.83

Total acid used in treatment (bbl): 1954

Number of staged intervals: 41

Recycled water used in treatment (bbl): 8746

Flowback volume recovered (bbl): 10709

Fresh water used in treatment (bbl): 129949

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 3975970

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/18/2018 Hours: 24 Bbl oil: 541 Mcf Gas: 809 Bbl H2O: 541
Calculated 24 hour rate: Bbl oil: 541 Mcf Gas: 809 Bbl H2O: 541 GOR: 1123
Test Method: Flowing Casing PSI: 0 Tubing PSI: 1550 Choke Size: 26/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1446 API Gravity Oil: 40
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9292 Tbg setting date: 01/05/2018 Packer Depth: 9269

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: Jennifer Dixon
Title: Regulatory Coordinator Date: 1/29/2018 Email: jennifer.a.dixon@cop.com

Attachment Check List

Att Doc Num	Name
401526923	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Changed field name. Pass	12/26/2018

Total: 1 comment(s)