

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401853118

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 City: DENVER State: CO Zip: 80202 Fax: Email: regulatorypermitting@gwogco.com

5. API Number 05-123-33252-00 6. County: WELD
7. Well Name: Hood Well Number: 6-2-20
8. Location: QtrQtr: SESE Section: 17 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: ABANDONED WELLBORE/COMPLETION Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 7289 Bottom: 7615 No. Holes: 404 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole:
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: On 5/23/2018 a CIBP was set @ 7200' with 4 sxs of cement for offset mitigation. This well is closed to atmosphere by 5K wellhead.

Date formation Abandoned: 05/23/2018 Squeeze: Yes No If yes, number of sacks cmt
\*\* Bridge Plug Depth: 7200 \*\* Sacks cement on top: 4 \*\* Wireline and Cement Job Summary must be attached.

Comment:

This well has been abandoned due to offset frac mitigation utilizing a CIBP. See the attached operations summary.

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**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
401877672	OPERATIONS SUMMARY
401915741	WIRELINE JOB SUMMARY

Total Attach: 2 Files

### **General Comments**

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

Total: 0 comment(s)