

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
2. Name of Operator: SRC ENERGY INC
3. Address: 1675 BROADWAY SUITE 2600
City: DENVER State: CO Zip: 80202
4. Contact Name: Christi Ng
Phone: (720) 616-4385
Fax: (720) 616-4301
Email: cng@srcenergy.com

5. API Number 05-123-10610-00
6. County: WELD
7. Well Name: HARRINGTON
Well Number: 2-30
8. Location: QtrQtr: NENW Section: 30 Township: 6N Range: 66W Meridian: 6
9. Field Name: BRACEWELL Field Code: 7487

Completed Interval

FORMATION: J SAND Status: ABANDONED Treatment Type: WELLBORE/COMPLETION

Treatment Date: End Date: Date of First Production this formation: 05/04/2018

Perforations Top: 7564 Bottom: 7594 No. Holes: 60 Hole size:

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

7564-7594 Abandoned.

This formation is commingled with another formation: [] Yes [X] 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: Uneconomic

Date formation Abandoned: 04/22/2017 Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: 7038 ** Sacks cement on top: 2 ** 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: Christi Ng
Title: Sr. Regulatory Analyst Date: 5/7/2018 Email: cng@srcenergy.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401631935	FORM 5A SUBMITTED

Total Attach: 1 Files

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<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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