

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:

401790590

Date Received:

02/08/2019

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
2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC
3. Address: 1001 17TH STREET #2000
City: DENVER State: CO Zip: 80202
4. Contact Name: Miracle Pfister
Phone: (720) 595-2250
Fax:
Email: regulatorypermitting@gwogco.com

5. API Number 05-123-32864-00
6. County: WELD
7. Well Name: FRITZLER
Well Number: 11-21
8. Location: QtrQtr: NWNW Section: 21 Township: 6N Range: 66W Meridian: 6
9. Field Name: BRACEWELL Field Code: 7487

Completed Interval

FORMATION: NIOBRARA-CODELL Status: ABANDONED WELLBORE/COMPLETION Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 6846 Bottom: 7170 No. Holes: 53 Hole size: 7/20
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 5/11/2018 a CIBP was set @ 6790' with 4 sacks of cement for offset mitigation. This well is closed to atmosphere by 5K wellhead.
Date formation Abandoned: 05/11/2018 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt
** Bridge Plug Depth: 6790 ** 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: 2/8/2019

Email: jdesmond@gwogco.com

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Attachment Check List

Att Doc Num

Name

401790590	FORM 5A SUBMITTED
401790596	OPERATIONS SUMMARY
401847114	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

Permit	•No Permitting corrections required. Passed Permitting Task.	02/20/2019
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Total: 1 comment(s)