

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:

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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
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) 616.4300
Fax: (720) 616.4301
Email: cng@srcenergy.com

5. API Number 05-123-46238-00
6. County: WELD
7. Well Name: Troudt
Well Number: 26C-23-M
8. Location: QtrQtr: NENW Section: 27 Township: 6N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 14266 Bottom: 14562 No. Holes: 1296 Hole size: 0.46

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

14266-14562

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: CARLILE-CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/26/2018 End Date: 11/01/2018 Date of First Production this formation: 04/10/2019

Perforations Top: 8372 Bottom: 15604 No. Holes: 1296 Hole size: 0.46

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

Plug and perf completion type 36 stages. 167296 bbl of slickwater and gel. 239 bbl of 15% HCL acid used. 6210000 lb. of proppant (100+20/40+40/70 white sand).

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 167535

Max pressure during treatment (psi): 7817

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): 0.96

Total acid used in treatment (bbl): 239

Number of staged intervals: 36

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 526

Fresh water used in treatment (bbl): 167296

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6210000

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/14/2019 Hours: 24 Bbl oil: 95 Mcf Gas: 382 Bbl H2O: 38

Calculated 24 hour rate: Bbl oil: 95 Mcf Gas: 382 Bbl H2O: 38 GOR: 4011

Test Method: flowing Casing PSI: 994 Tubing PSI: 566 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1000 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8061 Tbg setting date: 12/18/2018 Packer Depth: 8039

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: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 8372	Bottom: 15604	No. Holes: 1296	Hole size: 0.46	

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

8372-8938; 9055-14266; 14562-15604

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: <input type="checkbox"/>

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: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 8938 Bottom: 9055 No. Holes: 1296 Hole size: 0.46
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

8938-9055

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: 2262'FSL 2509'FEL Section 22, T6N R66W. The bottom of the completed interval is at 2349'FSL and 613'FEL of Section 23, T6N R66W. 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)