


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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <p style="text-align: center;">402125818</p> Date Received:				
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>10311</u> 2. Name of Operator: <u>SRC ENERGY INC</u> 3. Address: <u>1675 BROADWAY SUITE 2600</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Christi Ng</u> Phone: <u>(720) 616.4300</u> Fax: <u>(720) 616.4301</u> Email: <u>cng@srcenergy.com</u>
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5. API Number <u>05-123-47698-00</u> 7. Well Name: <u>Bost Farm</u> 8. Location: QtrQtr: <u>SWNW</u> Section: <u>7</u> Township: <u>5N</u> Range: <u>66W</u> Meridian: <u>6</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>8N-8C-L</u>
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Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>04/03/2019</u>	End Date: <u>04/12/2019</u>	Date of First Production this formation: <u>07/14/2019</u>
Perforations Top: <u>7619</u>	Bottom: <u>17449</u>	No. Holes: <u>1764</u> Hole size: <u>0.46</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>		
Plug and perf completion type, 49 stages. 304417 bbl of slickwater and gel. 1128 bbl of 15% HCL acid used. 11668999 lbs proppant: 674340 lbs of 100 mesh, 10994659 lbs 20/40.		

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>305545</u>	Max pressure during treatment (psi): <u>8345</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.98</u>
Total acid used in treatment (bbl): <u>1128</u>	Number of staged intervals: <u>49</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>4613</u>
Fresh water used in treatment (bbl): <u>304417</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>11668999</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>07/31/2019</u>	Hours: <u>24</u>	Bbl oil: <u>378</u>	Mcf Gas: <u>1132</u>	Bbl H2O: <u>303</u>
Calculated 24 hour rate:	Bbl oil: <u>378</u>	Mcf Gas: <u>1132</u>	Bbl H2O: <u>303</u>	GOR: <u>2995</u>
Test Method: <u>flowing</u>	Casing PSI: <u>1700</u>	Tubing PSI: <u>2158</u>	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1000</u>	API Gravity Oil: <u>49</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7231</u>	Tbg setting date: <u>06/25/2019</u>	Packer Depth: <u>7210</u>	
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: 1895'FNL 175'FWL Section 7, T5N R66W.

The bottom of the completed interval is at 'FNL and 'FEL of Sec 8, T5N 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
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)