

FORM
5ARev
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:

401825282

Date Received:

06/21/2019

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

5. API Number 05-123-46409-00 6. County: WELD
 7. Well Name: Schneider HD Well Number: 11-142HC
 8. Location: QtrQtr: NWSW Section: 7 Township: 4N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 07/01/2018 End Date: 07/06/2018 Date of First Production this formation: 07/30/2018Perforations Top: 8206 Bottom: 17719 No. Holes: 1440 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐543,360 lbs 100 Mesh Sand; 9,055,436 lbs 20/40 Sand; 162,718 bbls Gelled Fluid. Flowback determined from well test separatorThis formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 162718Max pressure during treatment (psi): 4082Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.91Total acid used in treatment (bbl): 0Number of staged intervals: 48Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 16099Fresh water used in treatment (bbl): 162718Disposition method for flowback: DISPOSALTotal proppant used (lbs): 9598796Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/08/2018 Hours: 24 Bbl oil: 330 Mcf Gas: 1562 Bbl H2O: 273Calculated 24 hour rate: Bbl oil: 330 Mcf Gas: 1562 Bbl H2O: 273 GOR: 4733Test Method: Flowing Casing PSI: 2346 Tubing PSI: 1907 Choke Size: 16/64Gas Disposition: SOLD Gas Type: WET Btu Gas: 1271 API Gravity Oil: 53Tubing Size: 2 + 3/8 Tubing Setting Depth: 7526 Tbg setting date: 07/26/2018 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:

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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: Jack Desmond

Title: Regulatory Analyst Date: 6/21/2019 Email jdesmond@gwogco.com
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Attachment Check List

Att Doc Num **Name**

401825282	COMPLETED INTERVAL REPORT
402101171	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

User Group **Comment**

Comment Date

Permit	•No corrections required. Passed Task.	07/09/2019
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Total: 1 comment(s)