

**FORM
5A**Rev
06/12**State of Colorado****Oil and Gas Conservation Commission**

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DE ET OE ES

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 05-123-47702-00

7. Well Name: Bost Farm

6. County: WELD

Well Number: 41C-8-L

8. Location: QtrQtr: SWNW Section: 7 Township: 5N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS

Status: PRODUCING

Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/08/2019 End Date: 05/15/2019 Date of First Production this formation: 07/11/2019

Perforations Top: 8273 Bottom: 17533 No. Holes: 1584 Hole size: 46/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Plug and perf completion type, 44 stages. 210554 bbl of slickwater and gel. 48 bbl of 15% HCL acid used. 8691007 lbs proppant: 271000 lbs of 100 mesh, 220000 lbs 20/40, 8200007 lbs 40/70 proppant.

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

Total fluid used in treatment (bbl): 210602

Max pressure during treatment (psi): 7176

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): 0.92

Total acid used in treatment (bbl): 48

Number of staged intervals: 44

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 3045

Fresh water used in treatment (bbl): 210554

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 8691007

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org**Test Information:**

Date: 07/29/2019 Hours: 24 Bbl oil: 408 Mcf Gas: 1253 Bbl H2O: 358

Calculated 24 hour rate: Bbl oil: 408 Mcf Gas: 1253 Bbl H2O: 358 GOR: 3071

Test Method: flowing Casing PSI: 35 Tubing PSI: 1594 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1000 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7323 Tbg setting date: 06/27/2019 Packer Depth: 7301

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: 8273	Bottom: 17533	No. Holes: 1584	Hole size: 46/100	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Perforated intervals: 8273'-8375', 8983'-9083', 9233'-17533'					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 9133 Bottom: 9181 No. Holes: 1584 Hole size: 46/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Perforated intervals: 9133'-9181'

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: 1233'FNL 752'FWL Section 7, T5N R66W.

The bottom of the completed interval is at 1179'FNL and 570'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

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)