FORM 5A Rev 06/12

State of Colorado
Oil and Gas Conservation Commission

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Document Number: 402125801

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 05-123-47695-00
6. County: WELD
7. Well Name: Bost Farm
Well Number: 40C-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: 04/12/2019 End Date: 04/22/2019 Date of First Production this formation: 07/12/2019

Perforations Top: 7808 Bottom: 17634 No. Holes: 1764 Hole size: 46/100

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

Plug and perf completion type, 49 stages. 238507 bbl of slickwater and gel. 95 bbl of 15% HCL acid used. 10097890 lbs proppant:298500 lbs of 100 mesh, 219670 lbs 20/40, 9579720 lbs 40/70 proppant.

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

Total fluid used in treatment (bbl): 238602
Max pressure during treatment (psi): 7235
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): 0.90
Total acid used in treatment (bbl): 95
Number of staged intervals: 49
Recycled water used in treatment (bbl):
Flowback volume recovered (bbl): 3868
Fresh water used in treatment (bbl): 238507
Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 10097890
Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/30/2019 Hours: 24 Bbl oil: 339 Mcf Gas: 1366 Bbl H2O: 308

Calculated 24 hour rate: Bbl oil: 339 Mcf Gas: 1366 Bbl H2O: 308 GOR: 4029

Test Method: flowing Casing PSI: 2 Tubing PSI: 1717 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: 7425 Tbg setting date: 06/18/2019 Packer Depth: 7403

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: 7808 Bottom: 17634 No. Holes: 1764 Hole size: 46/100

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

Perforation intervals: 7808'-9084', 9884'-17634'

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: FORT HAYS Status: COMMINGLED Treatment Type:

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

Perforations Top: 9134 Bottom: 9834 No. Holes: 1764 Hole size: 46/100

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

Perforation interval: 9134'-9834'

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: 2589'FNL 174'FWL Section 7, T5N R66W.

The bottom of the completed interval is at 2531'FNL and 596'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)