

**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:  
402154958

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: 26580  
2. Name of Operator: BURLINGTON RESOURCES OIL & GAS LP  
3. Address: 925 N ELDRIDGE PARKWAY  
City: HOUSTON State: TX Zip: 77079  
4. Contact Name: Maxwell Blair  
Phone: (303) 2683711  
Fax: \_\_\_\_\_  
Email: maxwell.o.blair@conocophillips.com

5. API Number 05-001-10102-00  
6. County: ADAMS  
7. Well Name: Big Sandy 3-65 36-31  
Well Number: 1DH  
8. Location: QtrQtr: NESE Section: 35 Township: 3S Range: 65W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/10/2018 End Date: 05/18/2018 Date of First Production this formation: 09/10/2018  
Perforations Top: 8160 Bottom: 15233 No. Holes: 927 Hole size: 19/50

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

16,229 bbls of FR Water (FR-76)  
2,476 bbls of 25# Hybor G  
126,464 bbls of 23# Hybor G  
5,540 bbls of PD Treated Water  
2,122 bbls of 15% HCl Acid  
147,190 pounds of 100 Mesh  
9,794,150 pounds of 20/40

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 152831

Max pressure during treatment (psi): 9234

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.36

Type of gas used in treatment: \_\_\_\_\_

Min frac gradient (psi/ft): 0.85

Total acid used in treatment (bbl): 2122

Number of staged intervals: 30

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 18791

Fresh water used in treatment (bbl): 150709

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9941340

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 07/31/2018 Hours: 24 Bbl oil: 1080 Mcf Gas: 1091 Bbl H2O: 758

Calculated 24 hour rate: Bbl oil: 1080 Mcf Gas: 1091 Bbl H2O: 758 GOR: 1010

Test Method: Flowing Casing PSI: 0 Tubing PSI: 511 Choke Size: 40/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1609 API Gravity Oil: 37

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8090 Tbg setting date: 06/29/2018 Packer Depth: 8060

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:

Form 5 for this well was re-submitted after making corrections to the report (DOC ID 402154116). The subject Form 5A will replace Doc ID 401716871.

As-completed plat to certify productive interval meets setback condition.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Coby Lee Lazarine

Title: Regulatory Coordinator Date: \_\_\_\_\_ Email: coby.l.lazarine@cop.com

### Attachment Check List

Att Doc Num	Name
402168639	OTHER
402168642	OTHER

Total Attach: 2 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)