

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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| DE | ET | OE | ES |
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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 | 4. Contact Name: Maxwell Blair |
| 2. Name of Operator: BURLINGTON RESOURCES OIL & GAS LP | Phone: (303) 2683711 |
| 3. Address: 925 N ELDRIDGE PARKWAY | Fax: |
| City: HOUSTON State: TX Zip: 77079 | 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)