

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:

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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: 10110
2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC
3. Address: 1001 17TH STREET #2000
City: DENVER State: CO Zip: 80202
4. Contact Name: Renee Kendrick
Phone: (720) 595-2114
Fax: _____
Email: rkendrick@gwogco.com

5. API Number 05-001-10253-00
6. County: ADAMS
7. Well Name: Schaefer LD
Well Number: 13-033HN
8. Location: QtrQtr: SWSE Section: 24 Township: 1S Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/19/2019 End Date: 04/04/2019 Date of First Production this formation: 04/27/2019

Perforations Top: 8202 Bottom: 17755 No. Holes: 1664 Hole size: 19/50

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

1,931 bbls 15% HCL Acid; 761,331# 100 Mesh Sand; 8,818,256# 20/40 Sand; 213,428 bbls Gelled Fluid; Flowback determined from well test separator

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

Total fluid used in treatment (bbl): 215359 Max pressure during treatment (psi): 6301

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.86

Total acid used in treatment (bbl): 1931 Number of staged intervals: 64

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 40299

Fresh water used in treatment (bbl): 213428 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9579587 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/27/2019 Hours: 24 Bbl oil: 264 Mcf Gas: 356 Bbl H2O: 926

Calculated 24 hour rate: Bbl oil: 264 Mcf Gas: 356 Bbl H2O: 926 GOR: 1348

Test Method: Flowing Casing PSI: 2151 Tubing PSI: 1475 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1341 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7794 Tbg setting date: 04/10/2019 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:

The bottom of the completed interval is at 526' FNL, and 1956' FEL of Section 13. During stimulation the wellbore was isolated by a composite bridge plug set at 17773'. The toe sleeve is @ 17,809', with zonal isolation below this point provided by cement from 17,809-18,044' behind pipe and 18,033-18,044' inside the production casing, see cement job summary. Great Western 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: Renee Kendrick _____

Title: Sr Regulatory Analyst _____

Date: _____

Email rkendrick@gwogco.com _____

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Attachment Check List

Att Doc Num Name

402151399	CEMENT JOB SUMMARY
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Total Attach: 1 Files

General Comments

User Group Comment

Comment Date

Permit	Returned to Draft: •Bulk Return Threshold has been exceeded. Form was not reviewed.	09/13/2019
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Total: 1 comment(s)