

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:

402179930

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 05-005-07379-00

7. Well Name: Property Reserve 4-65 3-4

8. Location: QtrQtr: SENE Section: 3 Township: 4S Range: 65W Meridian: 6

9. Field Name: WILDCAT Field Code: 99999

6. County: ARAPAHOE

Well Number: 2BH

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/31/2019 End Date: 06/12/2019 Date of First Production this formation: _____
Perforations Top: 8400 Bottom: 17697 No. Holes: 1236 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

562 bbls of 15% HCl Acid
328,317 bbls of FR Water
2,429 bbls of 7.5% HCl Acid
1,350,980 pounds of 100 Mesh
11,873,930 pounds of 40/70 White

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

Total fluid used in treatment (bbl): 331308

Max pressure during treatment (psi): 9238

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.93

Total acid used in treatment (bbl): 2991

Number of staged intervals: 38

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 28297

Fresh water used in treatment (bbl): 328317

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 13224910

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/26/2019 Hours: 24 Bbl oil: 1333 Mcf Gas: 1542 Bbl H2O: 1428
Calculated 24 hour rate: Bbl oil: 1333 Mcf Gas: 1542 Bbl H2O: 1428 GOR: 1156
Test Method: Flowing Casing PSI: 1381 Tubing PSI: 1005 Choke Size: 30/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 0 API Gravity Oil: 43
Tubing Size: 2 + 3/8 Tubing Setting Depth: 17699 Tbg setting date: 07/21/2019 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:

Form 5 for this well was submitted on 9/18/19 (DOC ID 402169473).
As-completed plat attached to certify productive interval meets setback conditions.
Gas analysis pending – will file BTU Gas via Sundry as soon as Gas Analysis complete.

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
402181234	OTHER
402181236	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)