

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:

402199733

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 05-005-07392-00

7. Well Name: Lussing Trust 4-64 19-20

8. Location: QtrQtr: NWSW Section: 19 Township: 4S Range: 64W Meridian: 6

9. Field Name: WILDCAT Field Code: 99999

6. County: ARAPAHOE

Well Number: 4C1H

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/29/2019 End Date: 07/12/2019 Date of First Production this formation: _____
Perforations Top: 8550 Bottom: 17902 No. Holes: 1239 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

785 bbls of Fresh Water
316,220 bbls of FR Water
9,490 bbls of Wireline Pump In
429 bbls of 15% HCl Acid
2,357 bbls of 7.5% HCl Acid
1,324,500 pounds of 100 Mesh
11,801,000 pounds of 40/70 White

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

Total fluid used in treatment (bbl): 329281

Max pressure during treatment (psi): 9049

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): 0.85

Total acid used in treatment (bbl): 2786

Number of staged intervals: 38

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 12445

Fresh water used in treatment (bbl): 326495

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 13125499

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/23/2019 Hours: 24 Bbl oil: 718 Mcf Gas: 1111 Bbl H2O: 1582
Calculated 24 hour rate: Bbl oil: 718 Mcf Gas: 1111 Bbl H2O: 1582 GOR: 1547
Test Method: Flowing Casing PSI: 25 Tubing PSI: 1004 Choke Size: 30/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 0 API Gravity Oil: 38
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8342 Tbg setting date: 08/05/2019 Packer Depth: 8334

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 09/26/2019 (DOC ID 402188756).

As-completed plat attached to certify productive interval meets setback conditions.

Well is still in flowback to temporary facilities. As of submittal date, we do not have 'Date of First Production' yet.

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 Coordinators Date: _____ Email: coby.l.lazarine@cop.com

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Attachment Check List

Att Doc Num

Name

402199941

OTHER

402199951

OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Stamp Upon Approval

Total: 0 comment(s)