

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



DE	ET	OE	ES
----	----	----	----

Document Number:  
402223975

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: <u>19160</u>	4. Contact Name: <u>Maxwell Blair</u>
2. Name of Operator: <u>CONOCO PHILLIPS COMPANY</u>	Phone: <u>(303) 2683711</u>
3. Address: <u>925 N ELDRIDGE PARKWAY</u>	Fax: _____
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u>	Email: <u>maxwell.o.blair@conocophillips.com</u>

5. API Number <u>05-005-07261-00</u>	6. County: <u>ARAPAHOE</u>
7. Well Name: <u>LONE TREE 4-65 15-16</u>	Well Number: <u>3BH</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>15</u> Township: <u>4S</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/22/2018 End Date: 07/16/2018 Date of First Production this formation: 12/04/2018  
Perforations Top: 8510 Bottom: 17360 No. Holes: 1137 Hole size: 19/50

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

264,697 bbls of FR Water (FR-76)  
8,040 bbls of PD Treated Water  
223 bbls of 7.5% HCl Acid  
2,644 bbls of 15% HCl Acid  
994,600 pounds of 100 Mesh  
10,531,435 pounds of 40/70

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 275604

Max pressure during treatment (psi): 9282

Total gas used in treatment (mcf):

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): 2867

Number of staged intervals: 36

Recycled water used in treatment (bbl): 8040

Flowback volume recovered (bbl): 16915

Fresh water used in treatment (bbl): 264697

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 11516538

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized:

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

#### Test Information:

Date: 10/15/2018 Hours: 24 Bbl oil: 1211 Mcf Gas: 1662 Bbl H2O: 343  
Calculated 24 hour rate: Bbl oil: 1211 Mcf Gas: 1662 Bbl H2O: 343 GOR: 1372  
Test Method: Flowing Casing PSI: 1441 Tubing PSI: 1229 Choke Size: 28/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 2093 API Gravity Oil: 38  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 17332 Tbg setting date: 08/23/2018 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 re-submitted after making corrections to the report (DOC ID 402223812).

The subject Form 5A will replace DOC ID 401795866.

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

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
402226913	OTHER

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

Stamp Upon  
Approval

Total: 0 comment(s)