

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) 892-2109



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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: 10583 4. Contact Name: ANDY PETERSON
 2. Name of Operator: PETRO OPERATING COMPANY LLC Phone: (970) 203-4263
 3. Address: 9033 E EASTER PLACE SUITE 112 Fax: _____
 City: CENTENNIAL State: CO Zip: 80112- Email: andy@petersonenergyoperating.com

5. API Number 05-001-10220-00 6. County: ADAMS
 7. Well Name: BEF WEST Well Number: 18
 8. Location: QtrQtr: SENE Section: 2 Township: 1S Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/03/2019 End Date: 05/09/2019 Date of First Production this formation: _____
 Perforations Top: 8235 Bottom: 11872 No. Holes: 720 Hole size: 35/100

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

Frac Summary: 20 Stages, No HCL used; 4,374,400 # 40/70 White Sand; 1,183,900 # 100 Mesh; 4,223,167 Gals Slickwater. Total Proppant used 5,558,300 #, During Pumpdown Ave Rate 18.1 bpm, Ave PSI 5326, Max PSI 7065.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 163753 Max pressure during treatment (psi): 7065
 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): 0.99
 Total acid used in treatment (bbl): _____ Number of staged intervals: 20
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 3160
 Fresh water used in treatment (bbl): 163753 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 5558300 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/04/2019 Hours: 24 Bbl oil: 416 Mcf Gas: 362 Bbl H2O: 362
 Calculated 24 hour rate: Bbl oil: 416 Mcf Gas: 362 Bbl H2O: 362 GOR: 870
 Test Method: FLOWING Casing PSI: 4700 Tubing PSI: 1800 Choke Size: 14/64
 Gas Disposition: FLARED Gas Type: DRY Btu Gas: 1245 API Gravity Oil: 41
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7790 Tbg setting date: 06/22/2019 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:

TPZ remains as submitted on the Form 5.

POC ended flowback operations on 8/5/2019 and shut wells in; awaiting pipeline arrival or approval to incinerate gas until the pipeline connection was in place. At which point POC would start up first production through our permanent facilities.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: PAUL GOTTLÖB

Title: Regulatory & Engin. Tech. Date: _____ Email paul.gottlob@iptenergyservices.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402134428	WELLBORE DIAGRAM
402134431	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	rtn to DRAFT - calculated 24 hour test data appears wrong; green completions were NOT used due to pipeline; date of first production blank; describe the treatment, including: type of fluid used (gel, slickwater, etc.), types and amounts of proppant(s) used;	01/09/2020

Total: 1 comment(s)