

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:

401717396

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: Miracle Pfister
Phone: (720) 595-2250
Fax:
Email: regulatorypermitting@gwogco.com

5. API Number 05-001-10099-00
6. County: ADAMS
7. Well Name: B-Farm LD
Well Number: 18-388HC
8. Location: QtrQtr: NENW Section: 7 Township: 1S Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 04/03/2018

Perforations Top: 8667 Bottom: 9739 No. Holes: 1470 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Carlile perf interval: 8667' - 9739'

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

Total fluid used in treatment (bbl):

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl):

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl):

Disposition method for flowback:

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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.

FORMATION: CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/10/2018 End Date: 03/19/2018 Date of First Production this formation: 04/03/2018

Perforations Top: 8667 Bottom: 18408 No. Holes: 1470 Hole size: 38/100

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

525,361 lbs 100 Mesh Sand; 9,321,548 lbs 20/40 Sand; 176,567 bbls Gelled Fluid. Flowback determined from well test separator

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

Total fluid used in treatment (bbl): 176567

Max pressure during treatment (psi): 4253

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.81

Total acid used in treatment (bbl): 0

Number of staged intervals: 49

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 10757

Fresh water used in treatment (bbl): 176567

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9846909

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

Test Information:

Date: 04/06/2018 Hours: 24 Bbl oil: 566 Mcf Gas: 1117 Bbl H2O: 255

Calculated 24 hour rate: Bbl oil: 566 Mcf Gas: 1117 Bbl H2O: 255 GOR: 1973

Test Method: Flowing Casing PSI: 2300 Tubing PSI: 1900 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1362 API Gravity Oil: 45

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8202 Tbg setting date: 03/27/2018 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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/03/2018
 Perforations Top: 9740 Bottom: 18408 No. Holes: 1470 Hole size: 38/100
 Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Codell perf interval: 9740' - 18408'

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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:

Great Western certifies that we did not stimulate within 150' of an existing wellbore operated by a different operator without a signed waiver from that operator and documentation exists to demonstrate this fact. The final separation (wellbore to wellbore distance) from the STONEHOCKER 23-7 (05-001-09459) is 152' and nearest perforation to that well is 152'.

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

Signed: _____ Print Name: Jack Desmond
 Title: Regulatory Analyst Date: _____ Email: jdesmond@gwogco.com

Attachment Check List

Att Doc Num Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	<ul style="list-style-type: none"> •A new task has been created for COGCC Engineering to review this form. •Permitting review complete and task passed. 	12/08/2019

Total: 1 comment(s)