

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:

401717397

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 05-001-10091-00
6. County: ADAMS
7. Well Name: B-Farm LD
Well Number: 18-037HC
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: 04/11/2018
Perforations Top: 9180 Bottom: 9306 No. Holes: 750 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole: ☐

Carlile perf interval: 9180' - 9306'

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: 04/11/2018

Perforations Top: 9031 Bottom: 13983 No. Holes: 750 Hole size: 38/100

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

270,310 lbs 100 Mesh Sand; 4,756,199 lbs 20/40 Sand; 84,169 bbls Gelled Fluid. Flowback determined from well test separator

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

Total fluid used in treatment (bbl): 84169

Max pressure during treatment (psi): 4561

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): 0.88

Total acid used in treatment (bbl): 0

Number of staged intervals: 25

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 10673

Fresh water used in treatment (bbl): 84169

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5026509

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/15/2018 Hours: 24 Bbl oil: 417 Mcf Gas: 667 Bbl H2O: 386

Calculated 24 hour rate: Bbl oil: 417 Mcf Gas: 667 Bbl H2O: 386 GOR: 1599

Test Method: Flowing Casing PSI: 2000 Tubing PSI: 1500 Choke Size: 16/64

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

Tubing Size: 2 + 7/8 Tubing Setting Depth: 8408 Tbg setting date: 04/02/2018 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: 04/11/2018
Perforations Top: 9031 Bottom: 13983 No. Holes: 750 Hole size: 38/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Codell perf interval: 9031' - 9179', 9307' - 13983'

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: _____

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

User Group **Comment**

Comment Date

Stamp Upon Approval

Total: 0 comment(s)