

FORM
5ARev
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:

401758003

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@gwocgo.com

5. API Number 05-001-10090-00
 6. County: ADAMS
 7. Well Name: B-Farm LD
 Well Number: 18-039HC
 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: 10837 Bottom: 10963 No. Holes: 750 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Carlile Perf Interval: 10837' - 10963'

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: CARLILE-CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/10/2018 End Date: 03/18/2018 Date of First Production this formation: 04/11/2018

Perforations Top: 9099 Bottom: 14051 No. Holes: 750 Hole size: 38/100

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

274,244 lbs 100 Mesh Sand; 4,754,241 lbs 20/40 Sand; 84,916 bbls Gelled Fluid. Flowback determined from well test separator

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

Total fluid used in treatment (bbl): 84916

Max pressure during treatment (psi): 4506

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): 0.87

Total acid used in treatment (bbl): 0

Number of staged intervals: 25

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 11988

Fresh water used in treatment (bbl): 84916

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5028485

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/12/2018 Hours: 24 Bbl oil: 433 Mcf Gas: 638 Bbl H2O: 252

Calculated 24 hour rate: Bbl oil: 433 Mcf Gas: 638 Bbl H2O: 252 GOR: 1473

Test Method: Flowing Casing PSI: 1900 Tubing PSI: 1550 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: 8662 Tbg setting date: 03/30/2018 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: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: <u>04/11/2018</u>	
Perforations	Top: <u>9480</u>	Bottom: <u>14051</u>	No. Holes: <u>750</u>	Hole size: <u>38/100</u>	

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

Codell Perf Interval: 9480' - 10836', 10964' - 14051'

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: <input type="checkbox"/>

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: FORT HAYS Status: COMMINGLED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 04/11/2018
 Perforations Top: 9099 Bottom: 9479 No. Holes: 750 Hole size: 38/100
 Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Fort Hays Perf Interval: 9099' - 9479'

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 Wierman #1 well (API # 05-001-06796) is 961'. The Wierman # 1 well was P&A'd prior to the completion of this well.

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@gwocgo.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)