

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
			Document Number: <p style="text-align: center;">401717398</p> 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>10110</u>	4. Contact Name: <u>Miracle Pfister</u>
2. Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(720) 595-2250</u>
3. Address: <u>1001 17TH STREET #2000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>regulatorypermitting@gwogco.com</u>

5. API Number <u>05-001-10092-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>B-Farm LD</u>	Well Number: <u>18-036HN</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>7</u> Township: <u>1S</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>03/21/2018</u>	End Date: <u>03/26/2018</u>	Date of First Production this formation: <u>04/17/2018</u>
Perforations Top: <u>8805</u>	Bottom: <u>13797</u>	No. Holes: <u>816</u> Hole size: <u>38/100</u>

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

450,422 lbs 100 Mesh Sand; 4,704,897 lbs 20/40 Sand; 1,455 bbls 15% HCL Acid; 117,562 bbls Gelled Fluid. Flowback determined from well test separator

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>119017</u>	Max pressure during treatment (psi): <u>5080</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.91</u>
Total acid used in treatment (bbl): <u>1455</u>	Number of staged intervals: <u>34</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>9650</u>
Fresh water used in treatment (bbl): <u>117562</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>5155319</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>04/22/2018</u>	Hours: <u>24</u>	Bbl oil: <u>438</u>	Mcf Gas: <u>536</u>	Bbl H2O: <u>474</u>
Calculated 24 hour rate:	Bbl oil: <u>438</u>	Mcf Gas: <u>536</u>	Bbl H2O: <u>474</u>	GOR: <u>1223</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1797</u>	Tubing PSI: <u>1367</u>	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1362</u>	API Gravity Oil: <u>45</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>8403</u>	Tbg setting date: <u>04/11/2018</u>	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**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)