

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



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Document Number:

401717399

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 05-001-10098-00

7. Well Name: B-Farm LD

6. County: ADAMS

Well Number: 18-034HC

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: 8828 Bottom: 13752 No. Holes: 750 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Carlile Perf Interval: 8828' - 8993', 12904' - 13269, 13580' - 13752'

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: 8800 Bottom: 13752 No. Holes: 750 Hole size: 38/100

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

271,255 lbs 100 Mesh Sand; 4,679,418 lbs 20/40 Sand; 83,743 bbls Gelled Fluid. Flowback determined from well test separator

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

Total fluid used in treatment (bbl): 83743

Max pressure during treatment (psi): 4097

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): 0.86

Total acid used in treatment (bbl): 0

Number of staged intervals: 25

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 8013

Fresh water used in treatment (bbl): 83743

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4950673

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

**Test Information:**

Date: 04/13/2018 Hours: 24 Bbl oil: 391 Mcf Gas: 793 Bbl H2O: 315

Calculated 24 hour rate: Bbl oil: 391 Mcf Gas: 793 Bbl H2O: 315 GOR: 2028

Test Method: Flowing Casing PSI: 2300 Tubing PSI: 1750 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: 8423 Tbg setting date: 04/05/2018 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: 8800 Bottom: 13579 No. Holes: 750 Hole size: 38/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Codell Perf Interval: 8800' - 8827', 8994' - 12903', 13270 - 13579'

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)