

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: Renee Kendrick  
Phone: (720) 595-2114  
Fax: \_\_\_\_\_  
Email: rkendrick@gwogco.com

5. API Number 05-001-10258-00

6. County: ADAMS

7. Well Name: B-Farm LD  
Well Number: 18-391HNX

8. Location: QtrQtr: NENW Section: 7 Township: 1S Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/09/2019 End Date: 05/22/2019 Date of First Production this formation: 06/09/2019

Perforations Top: 8176 Bottom: 17920 No. Holes: 1714 Hole size: 38/100

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

2,489 bbls 15% HCL Acid; 807,944# 100 Mesh Sand; 8,903,736# 20/40 Sand; 222,759 bbls Gelled Fluid; Flowback determined from well test separator

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 225248 Max pressure during treatment (psi): 5314

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.85

Total acid used in treatment (bbl): 2489 Number of staged intervals: 65

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 15206

Fresh water used in treatment (bbl): 222759 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9711680 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: 06/11/2019 Hours: 24 Bbl oil: 599 Mcf Gas: 930 Bbl H2O: 673

Calculated 24 hour rate: Bbl oil: 599 Mcf Gas: 930 Bbl H2O: 673 GOR: 1553

Test Method: Flowing Casing PSI: 2150 Tubing PSI: 1575 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1387 API Gravity Oil: 44

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7884 Tbg setting date: 06/02/2019 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: Renee Kendrick

Title: Sr Regulatory Analyst Date: \_\_\_\_\_ Email: rkendrick@gwogco.com  
:

### Attachment Check List

**Att Doc Num**      **Name**

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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

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