

Document Number:
402317301

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: Eileen Roberts
Phone: (720) 595-2115
Fax: _____
Email: eroberts@gwp.com

5. API Number 05-123-46404-00

6. County: WELD

7. Well Name: Schneider HD Well Number: 11-019HN

8. Location: QtrQtr: NWSW Section: 7 Township: 4N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/26/2019 End Date: 01/12/2020 Date of First Production this formation: 02/04/2020

Perforations Top: 8498 Bottom: 18010 No. Holes: 1664 Hole size: 38/100

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

2845 bbls 15% HCL Acid; 778,045# 100 Mesh Sand; 8,781,750 # 20/40 Sand; 9,326,268 bbls Gelled Fluid; Flowback determined from well test separator

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 9329113 Max pressure during treatment (psi): 4794

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): 1.01

Total acid used in treatment (bbl): 2845 Number of staged intervals: 64

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 22502

Fresh water used in treatment (bbl): 9326268 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9559795 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/06/2020 Hours: 24 Bbl oil: 366 Mcf Gas: 2215 Bbl H2O: 717

Calculated 24 hour rate: Bbl oil: 366 Mcf Gas: 2215 Bbl H2O: 717 GOR: 6052

Test Method: Flowing Casing PSI: 3000 Tubing PSI: 2285 Choke Size: 18/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1281 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8151 Tbg setting date: 01/25/2020 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:

The bottom of the completed interval is at 198' FNL and 523' FWL of Section 11.
During stimulation the wellbore was isolated by a composite bridge plug set at 18028'.
Great Western certifies that none of the wellbore beyond the unit boundary setback was completed.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Eileen Roberts
Title: Regulatory Analyst Date: _____ Email: eroberts@gwp.com
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Attachment Check List

Att Doc Num **Name**

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