

FORM
5ARev
06/12

State of Colorado

Oil and Gas Conservation Commission

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DE ET OE ES

Document Number:

401542187

Date Received:

03/21/2018

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: 10531
 2. Name of Operator: GRIZZLY OPERATING LLC
 3. Address: 5847 SAN FELIPE #3000
 City: HOUSTON State: TX Zip: 77057
 4. Contact Name: Scott Ghan
 Phone: (970) 876-1959
 Fax:
 Email: jwebb@progressivepcs.net

5. API Number 05-045-23534-00
 6. County: GARFIELD
 7. Well Name: Federal GGU
 Well Number: 23A-28-691
 8. Location: QtrQtr: SWSW Section: 28 Township: 6S Range: 91W Meridian: 6
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/15/2018 End Date: 02/24/2018 Date of First Production this formation: 03/02/2018

Perforations Top: 7504 Bottom: 7574 No. Holes: 18 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Rollins is commingled with Williams Fork-Cameo

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: 2 + 3/8 Tubing Setting Depth: 6566 Tbg setting date: 03/01/2018 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: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/15/2018 End Date: 02/24/2018 Date of First Production this formation: 03/02/2018

Perforations Top: 5064 Bottom: 7495 No. Holes: 342 Hole size: 0.37

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

Williams Fork is commingled with Iles.

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: 2 + 3/8 Tubing Setting Depth: 6566 Tbg setting date: 03/01/2018 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: WILLIAMS FK-ROLLINS-CAMEO Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/15/2018 End Date: 02/24/2018 Date of First Production this formation: 03/02/2018

Perforations Top: 5064 Bottom: 7574 No. Holes: 360 Hole size: 0.37

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

Williams Fork- lles perf'd with 75,078 bbls Slurry, 104,948 bbls recycled water. No proppant was used.

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

Total fluid used in treatment (bbl): 180026

Max pressure during treatment (psi): 2797

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.92

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.79

Total acid used in treatment (bbl):

Number of staged intervals: 8

Recycled water used in treatment (bbl): 104948

Flowback volume recovered (bbl): 27040

Fresh water used in treatment (bbl): 75078

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 0

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/13/2018 Hours: 24 Bbl oil: 24 Mcf Gas: 794 Bbl H2O: 1279

Calculated 24 hour rate: Bbl oil: 24 Mcf Gas: 794 Bbl H2O: 1279 GOR: 33083

Test Method: Flowing Casing PSI: 566 Tubing PSI: 1487 Choke Size: 38/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1196 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6566 Tbg setting date: 03/01/2018 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.

Comment:

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

Signed: Print Name: Julie Webb

Title: Sr. Regulatory Analyst Date: 3/21/2018 Email: jwebb@progressivepcs.net

Attachment Check List

Att Doc Num **Name**

401542187 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

Permit Emailed operator to get corrected values and confirm corrected panels

05/19/2020

Total: 1 comment(s)