

FORM
5ARev
06/12

State of Colorado

Oil and Gas Conservation Commission

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DE ET OE ES

Document Number:

401568933

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 05-045-23531-00
 6. County: GARFIELD
 7. Well Name: Federal GGU
 Well Number: 24D-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: 02/16/2018 End Date: 02/24/2018 Date of First Production this formation: 03/07/2018
 Perforations Top: 7450 Bottom: 7526 No. Holes: 21 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

Illes is commingled with William Fork

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: 6529 Tbg setting date: 03/08/2018 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: 02/16/2018 End Date: 02/24/2018 Date of First Production this formation: 03/07/2018

Perforations Top: 5014 Bottom: 7417 No. Holes: 339 Hole size: 0.37

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

William 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: 6529 Tbg setting date: 03/08/2018 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: 02/16/2018 End Date: 02/24/2018 Date of First Production this formation: 03/07/2018

Perforations Top: 5014 Bottom: 7526 No. Holes: 360 Hole size: 0.37

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

Williams Fork- Iles frac'd with 50,386 bbls Slurry, 70,444 bbls recycled water, 850,000 lbs 40/70 sand, 150,000 lbs resin

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

Total fluid used in treatment (bbl): 120830

Max pressure during treatment (psi): 3186

Total gas used in treatment (mcf): 0

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

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.80

Total acid used in treatment (bbl): 0

Number of staged intervals: 8

Recycled water used in treatment (bbl): 70444

Flowback volume recovered (bbl): 16497

Fresh water used in treatment (bbl): 50386

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1000000

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/17/2018 Hours: 24 Bbl oil: 12 Mcf Gas: 1007 Bbl H2O: 1251

Calculated 24 hour rate: Bbl oil: 12 Mcf Gas: 1007 Bbl H2O: 1251 GOR: 83916

Test Method: Flowing Casing PSI: 401 Tubing PSI: 1165 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: 6529 Tbg setting date: 03/08/2018 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

401568933 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Submit missing form 7 reporting from month of spud 12/2017-2/2018 and all Rollins production	05/20/2020
Permit	ILES needs broken out, Form 7 reporting missing 3 months and only repoting WMFK, emailed operator	02/21/2020

Total: 2 comment(s)