

Document Number:
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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 4. Contact Name: Eileen Roberts
 2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (720) 595-2115
 3. Address: 1001 17TH STREET #2000 Fax: _____
 City: DENVER State: CO Zip: 80202 Email: eroberts@gwp.com

5. API Number 05-001-10343-00 6. County: ADAMS
 7. Well Name: Brant LE Well Number: 08-039HN
 8. Location: QtrQtr: SENE Section: 11 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: 03/13/2020 End Date: 04/09/2020 Date of First Production this formation: 05/28/2020
 Perforations Top: 8341 Bottom: 23173 No. Holes: 2470 Hole size: 38/100

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

3695 bbls 15% HCL Acid; 1,130,752# 100 Mesh Sand; 13,158,343 # 20/40 Sand; 340,537 bbls Gelled Fluid; Flowback determined from well test separator

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 344232 Max pressure during treatment (psi): 4740
 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): 0.92
 Total acid used in treatment (bbl): 3695 Number of staged intervals: 95
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 46748
 Fresh water used in treatment (bbl): 340537 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 14289095 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/31/2020 Hours: 24 Bbl oil: 401 Mcf Gas: 359 Bbl H2O: 408
 Calculated 24 hour rate: Bbl oil: 401 Mcf Gas: 359 Bbl H2O: 408 GOR: 895
 Test Method: Flowing Casing PSI: 0 Tubing PSI: 1290 Choke Size: 16/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1500 API Gravity Oil: 41
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7355 Tbg setting date: 04/28/2020 Packer Depth: 7345
 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:

Brant LE 08-039HN

The bottom of the completed interval is at 483 'FNL and 520' FEL of Section 8.

During stimulation, the wellbore was isolated by a composite bridge plug set at 23191'.

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

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

Total: 0 comment(s)