

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: <u>10110</u>	4. Contact Name: <u>Eileen Roberts</u>
2. Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(720) 595-2115</u>
3. Address: <u>1001 17TH STREET #2000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>eroberts@gwp.com</u>

5. API Number <u>05-001-10342-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>Brant LE</u>	Well Number: <u>08-042HN</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>11</u> Township: <u>1S</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>03/13/2020</u>	End Date: <u>04/07/2020</u>	Date of First Production this formation: <u>05/28/2020</u>
Perforations Top: <u>8327</u>	Bottom: <u>23159</u>	No. Holes: <u>2470</u> Hole size: <u>38/100</u>

Provide a brief summary of the formation treatment: Open Hole:
 3,571 bbls 15% HCL Acid; 1,144,859# 100 Mesh Sand; 13,126,106 # 20/40 Sand; 339740 bbls Gelled Fluid; Flowback determined from well test separator

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>343311</u>	Max pressure during treatment (psi): <u>4548</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.93</u>
Total acid used in treatment (bbl): <u>3571</u>	Number of staged intervals: <u>95</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>33531</u>
Fresh water used in treatment (bbl): <u>339740</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>14270965</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>05/31/2020</u>	Hours: <u>24</u>	Bbl oil: <u>227</u>	Mcf Gas: <u>246</u>	Bbl H2O: <u>504</u>
Calculated 24 hour rate:	Bbl oil: <u>227</u>	Mcf Gas: <u>246</u>	Bbl H2O: <u>504</u>	GOR: <u>1083</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>709</u>	Choke Size: <u>16/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1500</u>	API Gravity Oil: <u>41</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7367</u>	Tbg setting date: <u>05/03/2020</u>	Packer Depth: <u>7358</u>	

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 08-042HN

The bottom of the completed interval is at 863 'FNL and 522' FEL of Section 8.

During stimulation, the wellbore was isolated by a composite bridge plug set at 23177'.

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**

--	--

Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)