

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 05-123-46408-00

6. County: WELD

7. Well Name: Schneider HD Well Number: 11-099HC

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

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 02/27/2020

Perforations Top: 8197 Bottom: 9061 No. Holes: 1432 Hole size: 18/100

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

Carlile Perf Interval: 8197' - 9061'

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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/09/2019 End Date: 12/24/2019 Date of First Production this formation: 02/27/2020

Perforations Top: 8197 Bottom: 17709 No. Holes: 1432 Hole size: 38/100

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

19 bbls 15% HCL Acid; 580,152# 100 Mesh Sand; 9,028,158# 20/40 Sand; 161430 bbls gelled fluid; Flowback determined from well test separator.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 161449 Max pressure during treatment (psi): 5481

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): 0.87

Total acid used in treatment (bbl): 19 Number of staged intervals: 48

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 18521

Fresh water used in treatment (bbl): 161430 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9608310 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/28/2020 Hours: 24 Bbl oil: 183 Mcf Gas: 2089 Bbl H2O: 511

Calculated 24 hour rate: Bbl oil: 183 Mcf Gas: 2089 Bbl H2O: 511 GOR: 11415

Test Method: Flowing Casing PSI: 2216 Tubing PSI: 1120 Choke Size: 22/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7827 Tbg setting date: 02/01/2020 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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 02/27/2020

Perforations Top: 9062 Bottom: 17709 No. Holes: 1432 Hole size: 38/100

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

Codell Perf Interval: 9062' - 17709'

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: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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 1226' FNL and 524' FWL of Section 11. During stimulation the wellbore was isolated by a composite bridge plug set at 17727'. Great Western certifies that none of the wellbore beyond the unit boundary setback was completed.

Great Western certifies that this well has no treated interval within 150' of the treated interval of another operator's well for which a signed Stimulation Setback Consent was not obtained. The treated interval of the Bernhardt-O 12-19 (API # 05-123-26525) was greater than 150' away from Great Wetsern's Schneider HD 11-099HC. The perforation in Schneider HD 11-099HC located closest to the Bernhardt-O 12-19 is at 11558' MD. The final wellbore to wellbore separation is 193'.

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: 3/30/2020 Email: eroberts@gwp.com

Attachment Check List

Att Doc Num	Name
402330930	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	•Permitting review complete and task passed.	07/29/2020
Engineer	•Engineering review complete - passed task	07/27/2020

Total: 2 comment(s)