

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

402330930

Date Received:

03/30/2020

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
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 Western'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)