

Document Number:
402330921

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 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 05-123-46414-00 6. County: WELD
 7. Well Name: Schneider HD Well Number: 11-099HN
 8. Location: QtrQtr: NWSW Section: 7 Township: 4N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 12/09/2019 End Date: 12/24/2019 Date of First Production this formation: 02/28/2020
 Perforations Top: 8070 Bottom: 17580 No. Holes: 1664 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole:
2,393 bbls 15% HCL Acid; 931,551# 100 Mesh Sand; 8,669,189# 20/40 Sand; 214,679 bbls Gelled Fluid; Flowback determined from well test separator

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 217072 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): 2393 Number of staged intervals: 64
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 15270
 Fresh water used in treatment (bbl): 214679 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 9600740 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/29/2020 Hours: 24 Bbl oil: 339 Mcf Gas: 1199 Bbl H2O: 46
 Calculated 24 hour rate: Bbl oil: 339 Mcf Gas: 1199 Bbl H2O: 46 GOR: 3537
 Test Method: Flowing Casing PSI: 2744 Tubing PSI: 1700 Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1281 API Gravity Oil: 53
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7710 Tbg setting date: 02/17/2020 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.

Comment:

The bottom of the completed interval is at 1125' FNL and 524' FWL of Section 11.
During stimulation the wellbore was isolated by a composite bridge plug set at 17600'.
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: Jack Desmond

Title: Regulatory Analyst Date: 3/30/2020 Email jdesmond@gwp.com
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Attachment Check List

Att Doc Num **Name**

402330921	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)