

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 05-123-46415-00

6. County: WELD

7. Well Name: Schneider HD
Well Number: 11-059HN

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: 02/20/2020

Perforations Top: 8220 Bottom: 17732 No. Holes: 1664 Hole size: 38/100

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

2,453 bbls 15% HCL Acid; 762,125# 100 Mesh Sand; 8,638,100# 20/40 Sand; 218,022 bbls Gelled Fluid; Flowback determined from well test separator

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 220475 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): 2453 Number of staged intervals: 64

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 16176

Fresh water used in treatment (bbl): 218022 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 9550185 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/22/2020 Hours: 24 Bbl oil: 261 Mcf Gas: 818 Bbl H2O: 232

Calculated 24 hour rate: Bbl oil: 261 Mcf Gas: 818 Bbl H2O: 232 GOR: 3134

Test Method: Flowing Casing PSI: 2800 Tubing PSI: 2050 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: 7516 Tbg setting date: 02/13/2020 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 850' FNL and 524' FWL of Section 11.
During stimulation the wellbore was isolated by a composite bridge plug set at 17873'.
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: 3/30/2020 Email: eroberts@gwp.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402327993	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)