

Document Number:
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Date Received:

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 05-123-46410-00 6. County: WELD
 7. Well Name: Schneider HD Well Number: 11-059HNX
 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: 8119 Bottom: 17631 No. Holes: 1664 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole:
2,469 bbls 15% HCL Acid; 743,029# 100 Mesh Sand; 8,495,346# 20/40 Sand; 216,198 bbls Gelled Fluid; Flowback determined from well test separator

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 218667 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): 2469 Number of staged intervals: 64
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 18927
 Fresh water used in treatment (bbl): 216198 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 9238375 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/23/2020 Hours: 24 Bbl oil: 516 Mcf Gas: 818 Bbl H2O: 232
 Calculated 24 hour rate: Bbl oil: 516 Mcf Gas: 818 Bbl H2O: 232 GOR: 1585
 Test Method: Flowing Casing PSI: 2860 Tubing PSI: 2051 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: 7735 Tbg setting date: 02/08/2020 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 753' FNL and 524' FWL of Section 11.
During stimulation the wellbore was isolated by a composite bridge plug set at 18028'.
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 11-059HNX. The perforation in Schneider HD 11-059HNX located closest to the Bernhardt-O 12-19 is at 11484' MD. The final wellbore to wellbore separation is 615'.

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**

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Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft: Missing numerator of the choke size.	07/29/2020
Engineer	•316.s satisfied •Engineering review complete - passed task	07/27/2020

Total: 2 comment(s)