

Document Number:  
402327995

Date Received:  
08/12/2020

### 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: <u>10110</u>	4. Contact Name: <u>Eileen Roberts</u>
2. Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(720) 595-2115</u>
3. Address: <u>1001 17TH STREET #2000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>eroberts@gwp.com</u>

5. API Number <u>05-123-46410-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Schneider HD</u>	Well Number: <u>11-059HNX</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>7</u> Township: <u>4N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u>	Field Code: <u>90750</u>

### Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>12/09/2019</u>	End Date: <u>12/24/2019</u>	Date of First Production this formation: <u>02/20/2020</u>
Perforations Top: <u>8119</u>	Bottom: <u>17631</u>	No. Holes: <u>1664</u> Hole size: <u>38/100</u>

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): <u>218667</u>	Max pressure during treatment (psi): <u>5481</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.87</u>
Total acid used in treatment (bbl): <u>2469</u>	Number of staged intervals: <u>64</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>18927</u>
Fresh water used in treatment (bbl): <u>216198</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>9238375</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>02/23/2020</u>	Hours: <u>24</u>	Bbl oil: <u>516</u>	Mcf Gas: <u>818</u>	Bbl H2O: <u>232</u>
Calculated 24 hour rate:	Bbl oil: <u>516</u>	Mcf Gas: <u>818</u>	Bbl H2O: <u>232</u>	GOR: <u>1585</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2860</u>	Tubing PSI: <u>2051</u>	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1281</u>	API Gravity Oil: <u>53</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7735</u>	Tbg setting date: <u>02/08/2020</u>	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: 8/12/2020 Email: eroberts@gwp.com

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402327995	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 ready to pass.	08/26/2020
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: 3 comment(s)