

Document Number:  
402425988

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: <u>10110</u>	4. Contact Name: <u>Renee Kendrick</u>
2. Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u>	Phone: <u>(720) 595-2114</u>
3. Address: <u>1001 17TH STREET #2000</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>rkendrick@gwp.com</u>

5. API Number <u>05-123-41179-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DeTienne FD</u>	Well Number: <u>10-242HN</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>10</u> Township: <u>6N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

**Completed Interval**

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/06/2015 End Date: 05/19/2015 Date of First Production this formation: 06/03/2015

Perforations Top: 7450 Bottom: 11591 No. Holes: 834 Hole size: 40/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

704 bbls 15% HCL Acid; 256,194# 40/70 Sand; 3,199,222# 20/40 Sand; 293,365# 20/40 CRC Sand; 95,850 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>96554</u>	Max pressure during treatment (psi): <u>4870</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>1.01</u>
Total acid used in treatment (bbl): <u>704</u>	Number of staged intervals: <u>28</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>6017</u>
Fresh water used in treatment (bbl): <u>95850</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>3748781</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>06/09/2015</u>	Hours: <u>24</u>	Bbl oil: <u>605</u>	Mcf Gas: <u>480</u>	Bbl H2O: <u>360</u>
Calculated 24 hour rate:	Bbl oil: <u>605</u>	Mcf Gas: <u>480</u>	Bbl H2O: <u>360</u>	GOR: <u>793</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1357</u>	Tubing PSI: <u>899</u>	Choke Size: <u>18/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1317</u>	API Gravity Oil: <u>41</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7317</u>	Tbg setting date: <u>05/29/2015</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:

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: \_\_\_\_\_ Email jdesmond@gwp.com

### Attachment Check List

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Total Attach: 0 Files

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