

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 892-1099



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

5. API Number 05-001-07707-00 6. County: ADAMS
 7. Well Name: ANTELOPE FARMS Well Number: 4
 8. Location: QtrQtr: NWNW Section: 24 Township: 2S Range: 63W Meridian: 6
 9. Field Name: PORTER Field Code: 69798

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: 06/16/1981
 Perforations Top: 7441 Bottom: 7474 No. Holes: 9 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: On 9/3/2020, a CIBP was set @ 7391' over the JSand with 4 sx of cmt for an MIT. The plug was left downhole after the test. This well is closed to atmosphere by 5K wellhead. This well will be evaluated for leasehold or P&A'ed as budget allows after 2020.

Date formation Abandoned: 09/03/2020 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7391 ** Sacks cement on top: 4 ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Renee Kendrick
Title: SR Regulatory Analyst Date: _____ Email: rkendrick@gwp.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402495389	OPERATIONS SUMMARY
402495391	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)