

<b>FORM 5A</b> Rev 06/12	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number: 402425965  Date Received: 09/14/2020				
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> 2. Name of Operator: <u>GREAT WESTERN OPERATING COMPANY LLC</u> 3. Address: <u>1001 17TH STREET #2000</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	4. Contact Name: <u>Renee Kendrick</u> Phone: <u>(720) 595-2114</u> Fax: _____ Email: <u>rkendrick@gwp.com</u>
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5. API Number <u>05-123-41177-00</u> 7. Well Name: <u>DeTienne FD</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>	6. County: <u>WELD</u> Well Number: <u>10-202HN</u>
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**Completed Interval**

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>05/06/2015</u>	End Date: <u>05/18/2015</u>	Date of First Production this formation: <u>06/02/2015</u>
Perforations Top: <u>7453</u>	Bottom: <u>11597</u>	No. Holes: <u>840</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>		
<u>792 bbls 15% HCL Acid; 255,775# 40/70 Sand; 2,970,278 # 20/40 Sand; 252,086# 20/40 CRC Sand; 90,845 bbls Gelled Fluid; Flowback determined from well test separator.</u>		

This formation is commingled with another formation:    Yes    No

Total fluid used in treatment (bbl): <u>91637</u>	Max pressure during treatment (psi): <u>4747</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>0.99</u>
Total acid used in treatment (bbl): <u>792</u>	Number of staged intervals: <u>28</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>15062</u>
Fresh water used in treatment (bbl): <u>90845</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>3478139</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>06/07/2015</u>	Hours: <u>24</u>	Bbl oil: <u>409</u>	Mcf Gas: <u>351</u>	Bbl H2O: <u>355</u>
Calculated 24 hour rate:	Bbl oil: <u>409</u>	Mcf Gas: <u>351</u>	Bbl H2O: <u>355</u>	GOR: <u>858</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1237</u>	Tubing PSI: <u>807</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>7275</u>	Tbg setting date: <u>05/22/2015</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:

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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: Jack Desmond  
Title: Regulatory Analyst Date: 9/14/2020 Email: jdesmond@gwp.com  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402425965	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)