

<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) 892-2109		<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				
			Document Number: <div style="text-align: center;">402436703</div> Date Received: <div style="text-align: center;">09/16/2020</div>				

### 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>05-123-36593-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Land JG</u>	Well Number: <u>31-17D</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>31</u> Township: <u>2N</u> Range: <u>64W</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>04/19/2013</u>	End Date: <u>04/19/2013</u>	Date of First Production this formation: <u>07/09/2013</u>
Perforations Top: <u>7377</u>	Bottom: <u>7508</u>	No. Holes: <u>54</u> Hole size: <u>38/100</u>

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

24 bbls 15% HCL Acid; 230,060 # 40/70 Sand; 8000 # 20/40 Sand; 6,664 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>6688</u>	Max pressure during treatment (psi): <u>3273</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>0.90</u>
Total acid used in treatment (bbl): <u>24</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): <u>1270</u>
Fresh water used in treatment (bbl): <u>6664</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>238060</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>07/12/2013</u>	Hours: <u>24</u>	Bbl oil: <u>28</u>	Mcf Gas: <u>3</u>	Bbl H2O: <u>13</u>
Calculated 24 hour rate:	Bbl oil: <u>28</u>	Mcf Gas: <u>3</u>	Bbl H2O: <u>13</u>	GOR: <u>107</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>765</u>	Tubing PSI: <u>740</u>	Choke Size: <u>12/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1386</u>	API Gravity Oil: <u>43</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7693</u>	Tbg setting date: <u>04/25/2013</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:

Frac Focus was completed but fluid and/or sand totals are incorrect. Great Western cannot update Frac Focus. When editing FracFocus forms all data is cleared and the contractor Great Western used that provides the data is no longer in business.

Form 2 was approved with SHL permitted as Lot 2. This is incorrect - Lot 2 is greater than 40 acres. SHL has been updated to SWSW.

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: 9/16/2020 Email: jdesmond@gwp.com

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402436703	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)