

Document Number:
402436675

Date Received:
09/16/2020

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: 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@gwp.com

5. API Number 05-123-36586-00 6. County: WELD
 7. Well Name: Land JG Well Number: 31-36D
 8. Location: QtrQtr: SWSW Section: 31 Township: 2N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 12/11/2013 End Date: 12/11/2013 Date of First Production this formation: 01/19/2014
 Perforations Top: 7208 Bottom: 7288 No. Holes: 36 Hole size: 42/100

Provide a brief summary of the formation treatment: Open Hole:
24 bbls 15% HCL Acid; 261,000# 40/70 Sand; 4000 # 20/40 Sand; 7,798 bbls Gelled Fluid; Flowback determined from well test separator

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 7822 Max pressure during treatment (psi): 3190
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.33
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.89
 Total acid used in treatment (bbl): 24 Number of staged intervals: 1
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 1257
 Fresh water used in treatment (bbl): 7798 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 265000 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/23/2014 Hours: 24 Bbl oil: 36 Mcf Gas: 82 Bbl H2O: 11
 Calculated 24 hour rate: Bbl oil: 36 Mcf Gas: 82 Bbl H2O: 11 GOR: 2277
 Test Method: Flwoing Casing PSI: 1215 Tubing PSI: 535 Choke Size: 12/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1386 API Gravity Oil: 39
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7191 Tbg setting date: 12/28/2013 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
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Attachment Check List

Att Doc Num **Name**

402436675	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)