

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) 894-2109



DE ET OE ES

Document Number:

402476976

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

5. API Number 05-123-23788-00
6. County: WELD
7. Well Name: EDENS
Well Number: 12-18
8. Location: QtrQtr: SWNW Section: 18 Township: 6N Range: 63W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/09/2011 End Date: 07/09/2011 Date of First Production this formation: 07/01/2006
Perforations Top: 6800 Bottom: 6812 No. Holes: 102 Hole size: 34/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

Codell Re-frac and re-perf Treatment Totals: Total proppant: 154,320 lbs: 150,320 lbs White Sand 30/50 and 4,000lbs Super LC 20/40. Pumped 4688 bbls of slickwater. Total fluid pumped 4688 bbls.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 4688

Max pressure during treatment (psi): 3516

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.87

Total acid used in treatment (bbl):

Number of staged intervals: 1

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 674

Fresh water used in treatment (bbl): 4688

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 154320

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:

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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 07/01/2006

Perforations Top: 6525 Bottom: 6799 No. Holes: 62 Hole size: 34/100

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: _____

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:

This Form 5A is being submitted to report a Codell refrac. On 7/9/2011, 40 perforations were shot from 6801' - 6811' in the Codell formation.

No production test was run for the refrac.

Estimates were made to create commingled formation panels that were not reported on the original completion report (doc #1515993). The 124 perms originally shot were divided evenly between the two formations. Perf intervals were divided based on formation tops reported on the scout card.

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

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	•Returned to draft: Missing NB-CD producing panel.	10/16/2020

Total: 1 comment(s)