

FORM
5A

Rev
09/20

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
402625606

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: 72400	4. Contact Name: Jeff Schneider
2. Name of Operator: PUBLIC SERVICE COMPANY OF COLORADO	Phone: (970) 867-9437
3. Address: 1123 W 3RD AVE	Fax: (970) 867-9137
City: DENVER State: CO Zip: 80223	Email: jeff@schneiderenergy.com

5. API Number 05-087-07091-00	6. County: MORGAN
7. Well Name: STORAGE UNIT	Well Number: 23
8. Location: QtrQtr: SWNE Section: 28 Township: 2N Range: 60W Meridian: 6	
9. Field Name: ROUNDUP	Field Code: 74950

Completed Interval

FORMATION: J-3 SAND Status: ACTIVE Treatment Type: ACID JOB
Treatment Date: 09/23/1980 End Date: 09/23/1980 Date this Formation was Completed: _____
Perforations Top: 6514 Bottom: 6524 No. Holes: 20 Hole size: 1/2 Open Hole: ☐
Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

Pumped 800 Gals of 7-1/2% HCL acid with 5%HF. There was no other treatment pumped on this well.

This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): 44 Max pressure during treatment (psi): 2500
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): _____
Total acid used in treatment (bbl): 19 Number of staged intervals: 1
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 44
Fresh water used in treatment (bbl): 25 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ 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 well is and always has been an observations for the Roundup Gas Storage Field.

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

Signed: _____ Print Name: Jeff Schneider
Title: Consultant Date: _____ Email: jeff@schneiderenergy.com

Attachment List

Att Doc Num	Name
402627171	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)