

**FORM  
5A**Rev  
09/20**State of Colorado****Oil and Gas Conservation Commission**

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Document Number:

402625606

Date Received:

03/12/2021

**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: 724002. Name of Operator: PUBLIC SERVICE COMPANY OF COLORADO3. Address: 1123 W 3RD AVECity: DENVER State: CO Zip: 802234. Contact Name: Jeff SchneiderPhone: (970) 867-9437Fax: (970) 867-9137Email: jeff@schneiderenergy.com5. API Number 05-087-07091-007. Well Name: STORAGE UNIT6. County: MORGANWell Number: 238. Location: QtrQtr: SWNE Section: 28 Township: 2N Range: 60W Meridian: 69. Field Name: ROUNDUP Field Code: 74950

## Completed Interval

FORMATION: J 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](https://www.fracfocus.org)

### Test Information:

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 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: 3/12/2021 Email: jeff@schneiderenergy.com

## Attachment List

Att Doc Num	Name
402625606	FORM 5A SUBMITTED
402627171	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected formation to JSND from J-3 Sand to reflect historical reporting and to maintain continuity.	03/15/2021

Total: 1 comment(s)