

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) 892-2109



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Document Number:
402789088

Date Received:
08/23/2021

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: <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>05-001-07152-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>CLYDE E. WILLIAMS JR.</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>34</u> Township: <u>2S</u> Range: <u>64W</u> Meridian: <u>6</u>	
9. Field Name: <u>RADAR</u>	Field Code: <u>71300</u>

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date this Formation was Completed: 07/01/1976
Perforations Top: 8012 Bottom: 8036 No. Holes: 48 Hole size: _____ 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.

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 or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
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:

On 8/1/21, a CIBP was set @ 7952' with 4 sx of cmt over the JSND for a MIT. The plug will remain downhole after the MIT. This well is closed to atmosphere by 5K wellhead.

Date formation Abandoned: 08/01/2021 Squeeze: Yes No If yes, number of sacks cmt _____
** Bridge Plug Depth: 7952 ** Sacks cement on top: 4 ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: _____ Print Name: Renee Kendrick
Title: SR Regulatory Analyst Date: 8/23/2021 Email: rkendrick@gwp.com

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
402789088	FORM 5A SUBMITTED
402789104	WIRELINE JOB SUMMARY
402789108	OPERATIONS SUMMARY

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)