

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:

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

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

Att Doc Num**Name**

402789088	FORM 5A SUBMITTED
402789104	WIRELINE JOB SUMMARY
402789108	OPERATIONS SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)