

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:  
402785670

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: <u>95960</u>	4. Contact Name: <u>Scott Averett</u>
2. Name of Operator: <u>WEXPRO COMPANY</u>	Phone: <u>(801) 682-0554</u>
3. Address: <u>P O BOX 45003</u>	Fax: _____
City: <u>SALT LAKE CITY</u> State: <u>UT</u> Zip: <u>84145-</u>	Email: <u>scott.k.averett@dominionenergy.com</u>

5. API Number <u>05-081-07644-00</u>	6. County: <u>MOFFAT</u>
7. Well Name: <u>CARL ALLEN</u>	Well Number: <u>41</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>28</u> Township: <u>12N</u> Range: <u>97W</u> Meridian: <u>6</u>	
9. Field Name: <u>POWDER WASH</u> Field Code: <u>69800</u>	

## Completed Interval

FORMATION: FORT UNION Status: PRODUCING Treatment Type: \_\_\_\_\_  
Treatment Date: 06/17/2021 End Date: 06/17/2021 Date this Formation was Completed: 06/17/2021  
Perforations Top: 5320 Bottom: 5335 No. Holes: 90 Hole size: 7 + 7/8 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.

Perf addition in the Fort Union formation. The previously approved matrix acid treatment was not applied. Flowback went to sales.

This formation is commingled with another formation:  Yes  No  
Total fluid used in treatment (bbl): 98 Max pressure during treatment (psi): 675  
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): 50  
Fresh water used in treatment (bbl): 98 Disposition method for flowback: \_\_\_\_\_  
Total proppant used (lbs): \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

06/17/2021 Hours: 0 Bbl oil: 15 Mcf Gas: 7 Bbl H2O: 0  
Date Calculated 24 hour rate: Bbl oil: 15 Mcf Gas: 8 Bbl H2O: 0 GOR: 1  
Test Method: Producing Casing PSI: 105 Tubing PSI: 223 Choke Size: 64/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1175 API Gravity Oil: 44  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5320 Tbg setting date: 07/16/2021 Packer Depth: \_\_\_\_\_  
Reason for Non-Production: \_\_\_\_\_  
Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
\*\* Bridge Plug Depth: 6028 \*\* Sacks cement on top: \_\_\_\_\_ \*\* 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: Tammy Fredrickson  
Title: Sr. Permit Agent - WEX Date: \_\_\_\_\_ Email: tammy.fredrickson@dominionenergy.com

## Attachment List

Att Doc Num	Name
402785815	WELLBORE DIAGRAM
402785818	OPERATIONS SUMMARY

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Emailed operator for additional information	10/05/2021

Total: 1 comment(s)