

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:

402963421

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: 10110

2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

3. Address: 1001 17TH STREET #2000

City: DENVER State: CO Zip: 80202

4. Contact Name: Renee Kendrick

Phone: (720) 595-2114

Fax:

Email: rkendrick@gwp.com

5. API Number 05-123-51581-00

7. Well Name: Raindance FC

8. Location: QtrQtr: NENE Section: 30 Township: 6N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 23-232HN

Completed Interval

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date this Formation was Completed: 02/03/2022
Perforations Top: 19849 Bottom: 20018 No. Holes: 1100 Hole size: 34/100 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.

Fort Hays complete intervals- 19849-20018

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: _____
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.

FORMATION: NIOBRARA-FT HAYS Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 11/12/2021 End Date: 12/18/2021 Date this Formation was Completed: 02/03/2022
Perforations Top: 8692 Bottom: 21041 No. Holes: 1100 Hole size: 34/100 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.

2036 bbls 15% HCL Acid; 730,600 # 100 Mesh Sand; 11,458,489 # 20/40 Sand; 265,914 bbls Gelled Fluid; Flowback determined from well test separator

This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): 267950 Max pressure during treatment (psi): 4618
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): 0.78
Total acid used in treatment (bbl): 2036 Number of staged intervals: 61
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 26122
Fresh water used in treatment (bbl): 265914 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 12189089

Fracture stimulations must be reported on FracFocus.org

Test Information:

02/06/2022 Hours: 24 Bbl oil: 398 Mcf Gas: 717 Bbl H2O: 574
Date: Calculated 24 hour rate: Bbl oil: 398 Mcf Gas: 717 Bbl H2O: 574 GOR: 1802
Test Method: Flowing Casing PSI: 1802 Tubing PSI: 1239 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1391 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8185 Tbg setting date: 01/17/2022 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type:
Treatment Date: End Date: Date this Formation was Completed: 02/03/2022
Perforations Top: 8692 Bottom: 21041 No. Holes: 1100 Hole size: 34/100 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.

Niobrara completed intervals- 8692-19848, 20019-21041

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:
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:

The bottom of the completed interval is at 2089' FSL and 2116' FEL of Section 23.
During stimulation, the wellbore was isolated by a composite bridge plug set at 21060'.
Great Western certifies that none of the wellbore beyond the unit boundary setback was completed.

The actual TPZ footages for this well are 2045' FSL/130' FEL of Section 19.

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: _____ Email: rkendrick@gwp.com
:

Attachment List

<u>Att Doc Num</u>	<u>Name</u>
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Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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		Stamp Upon Approval
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Total: 0 comment(s)