

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:
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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>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>05-123-51580-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Raindance FC</u>	Well Number: <u>23-232HNX</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>30</u> Township: <u>6N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 11/12/2021 End Date: 12/19/2021 Date this Formation was Completed: 02/03/2022

Perforations Top: 8441 Bottom: 20782 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.

2060 bbls 15% HCL Acid; 729,710 # 100 Mesh Sand; 11,301,775 # 20/40 Sand; 269,489 bbls Gelled Fluid; Flowback determined from well test separator

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 271549 Max pressure during treatment (psi): 4883

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): 2060 Number of staged intervals: 61

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 17321

Fresh water used in treatment (bbl): 269489 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 12031485

Fracture stimulations must be reported on FracFocus.org

Test Information:

02/06/2022 Hours: 24 Bbl oil: 503 Mcf Gas: 627 Bbl H2O: 421
Date Calculated 24 hour rate: Bbl oil: 503 Mcf Gas: 627 Bbl H2O: 421 GOR: 1246
Test Method: Flowing Casing PSI: 1704 Tubing PSI: 1316 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: 7900 Tbg setting date: 01/22/2022 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.

Comment:

The bottom of the completed interval is at 2150' FSL and 2119' FEL of Section 23.
During stimulation, the wellbore was isolated by a composite bridge plug set at 20801'.
Great Western certifies that none of the wellbore beyond the unit boundary setback was completed.

The actual TPZ footages for this well are 2107' FSL/135' 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

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)