

**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>05-123-51586-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Raindance FC</u>	Well Number: <u>23-312HN</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: 11/13/2021 End Date: 12/18/2021 Date this Formation was Completed: 02/04/2022

Perforations Top: 8027 Bottom: 16973 No. Holes: 794 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.

2095 bbls 15% HCL Acid; 521,272 # 100 Mesh Sand; 7,966,383 # 20/40 Sand; 177,994 bbls Gelled Fluid; Flowback determined from well test separator

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 180089 Max pressure during treatment (psi): 4558

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): 0.91

Total acid used in treatment (bbl): 2095 Number of staged intervals: 44

Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 21254

Fresh water used in treatment (bbl): 177994 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 8487655

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

### Test Information:

02/06/2022 Hours: 24 Bbl oil: 550 Mcf Gas: 574 Bbl H2O: 359

Calculated 24 hour rate: Bbl oil: 550 Mcf Gas: 574 Bbl H2O: 359 GOR: 1044

Test Method: Flowing Casing PSI: 1741 Tubing PSI: 1378 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: 7581 Tbg setting date: 01/11/2022 Packer Depth: \_\_\_\_\_

Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cement \_\_\_\_\_

\*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

### Comment:

The actual TPZ footages for this well are 1179' FSL/75' FEL of Section 19.  
The bottom of the completed interval is at 1204' FSL and 1101' FWL of Section 24.  
During stimulation, the wellbore was isolated by a composite bridge plug set at 16,992'.

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)