

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>10694</u>	4. Contact Name: <u>Meghan Grimes</u>
2. Name of Operator: <u>PROVIDENCE OPERATING LLC DBA POCO</u>	Phone: <u>(720) 441-0720</u>
3. Address: <u>16400 DALLAS PARKWAY SUITE 400</u>	Fax: _____
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75428</u>	Email: <u>mgrimes@providence-energy.com</u>

5. API Number <u>05-001-10089-00</u>	6. County: <u>ADAMS</u>
7. Well Name: <u>Brighton Lakes</u>	Well Number: <u>20-17-2NCH</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>20</u> Township: <u>1S</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>DJ HORIZONTAL NIOBRARA</u> Field Code: <u>16950</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 11/28/2021 End Date: 12/17/2021 Date this Formation was Completed: 02/19/2022

Perforations Top: 8518 Bottom: 18029 No. Holes: 1908 Hole size: 43/100 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.

53 Stage Plug and Perf: 582,085 bbls slick water, 1,493 bbls 15% HCl acid, 12,397,138 lbs 40/70 White, 554,140 lbs 100 Mesh

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 583578 Max pressure during treatment (psi): 7370

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.40

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.89

Total acid used in treatment (bbl): 1493 Number of staged intervals: 53

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 12083

Fresh water used in treatment (bbl): 582085 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 12951278

Fracture stimulations must be reported on FracFocus.org

Test Information:

02/19/2022 Hours: 24 Bbl oil: 164 Mcf Gas: 180 Bbl H2O: 408
Date Calculated 24 hour rate: Bbl oil: 164 Mcf Gas: 180 Bbl H2O: 408 GOR: 1050
Test Method: Flowing Casing PSI: 0 Tubing PSI: 1611 Choke Size: 43/100
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1555 API Gravity Oil: 45
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7650 Tbg setting date: 02/14/2022 Packer Depth: 7650

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:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Andrea Gross

Title: Permit Agent Date: _____ Email: agross@upstreampm.com

Attachment List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date
Permit	No Frac Focus reporting. No flowback volume, fluid density, disposition method for flowback, GOR, casing PSI. No revised TPZ listed. Type of acid used missing.	04/19/2022

Total: 1 comment(s)