

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:  
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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>10518</u>	4. Contact Name: <u>Kim Cassese</u>
2. Name of Operator: <u>CONFLUENCE DJ LLC</u>	Phone: <u>(303) 819-1530</u>
3. Address: <u>1125 17TH STREET #1550</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>kim_mttech04@yahoo.com</u>

5. API Number <u>05-123-51761-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Bigfoot</u>	Well Number: <u>11-9-2</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>11</u> Township: <u>4N</u> Range: <u>63W</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: 05/09/2023 End Date: 05/17/2023 Date this Formation was Completed: 06/26/2023

Perforations Top: 6862 Bottom: 11180 No. Holes: 440 Hole size: 0.45 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.

Fractured 22 total stages, 440 holes at 0.45" diameter in the Niobrara formation from 6862' MD to 11180' MD using 4,681,260 lbs of 30/50 proppant and 1,320,310 lbs of 100 Mesh Premium for a total of 6,001,570 lbs proppant . Total fluid of 154,519 bbls, 266 bbls/15% HCl acid. Max pressure of 7,794 psi. 24 hour test for flowback. Well contains casing patch at 1980'-2106'.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 154519 Max pressure during treatment (psi): 7794

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 10.42

Total acid used in treatment (bbl): 266 Number of staged intervals: 22

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 3411

Fresh water used in treatment (bbl): 6602 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6001570

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

### Test Information:

06/27/2023 Hours: 24 Bbl oil: 8 Mcf Gas: 6 Bbl H2O: 16

Calculated 24 hour rate: Bbl oil: 194 Mcf Gas: 156 Bbl H2O: 379 GOR: 804

Test Method: FLOWING Casing PSI: 1209 Tubing PSI: 1172 Choke Size: 15/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1314 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 1196 Tbg setting date: 06/01/2023 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:

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

Signed: \_\_\_\_\_ Print Name: Kim Cassese

Title: Regulatory Manager Date: \_\_\_\_\_ Email: kim\_mttech04@yahoo.com

## Attachment List

Att Doc Num	Name
403468163	WELLBORE DIAGRAM
403468165	OPERATIONS SUMMARY

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)