

FORM
5A

Rev
06/12

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:

400629466

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: 19160

2. Name of Operator: CONOCO PHILLIPS COMPANY

3. Address: P O BOX 2197

City: HOUSTON

State: TX

Zip: 77252-

4. Contact Name: Ali Savage

Phone: (281) 2065359

Fax: (281) 2065721

Email: ali.savage@conocophillips.com

5. API Number 05-005-07207-00

7. Well Name: Moran Trust 2

8. Location: QtrQtr: NWSE

Section: 2

Township: 5S

Range: 64W

Meridian: 6

9. Field Name: WILDCAT

Field Code: 99999

6. County: ARAPAHOE

Well Number: 1

Completed Interval

FORMATION: NIOBRARA	Status: SHUT IN	Treatment Type: FRACTURE STIMULATION	
Treatment Date: 06/14/2014	End Date: 06/14/2014	Date of First Production this formation:	
Perforations Top: 7688	Bottom: 7692	No. Holes: 24	Hole size: 3/8
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Frac one stage with 2,606 bbls total fluid (2,594 bbls FW + 11.9 bbls 15% HCL) and 70,500 lbs total proppant including 9,300 lbs 100 Mesh + 61,200 lbs 40/70.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total fluid used in treatment (bbl): 2606	Max pressure during treatment (psi): 6789		
Total gas used in treatment (mcf): 0	Fluid density at initial fracture (lbs/gal): 8.33		
Type of gas used in treatment:	Min frac gradient (psi/ft): 0.75		
Total acid used in treatment (bbl): 11	Number of staged intervals: 1		
Recycled water used in treatment (bbl): 0	Flowback volume recovered (bbl): 0		
Fresh water used in treatment (bbl): 2594	Disposition method for flowback:		
Total proppant used (lbs): 70500	Rule 805 green completion techniques were utilized: <input type="checkbox"/>		
Reason why green completion not utilized:			

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date:	Hours:	Bbl oil:	Mcf Gas:	Bbl H2O:
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:	The Moran Trust 2-1 well was used for scientific purposes and will not produce at this time. A single stage frac was executed to use as a comparable to one cluster of a horizontal well. After the frac we ran temperature log passes in an attempt to determine a frac height from a single cluster. This well help ConocoPhillips determine the amount of formation we are reaching with our fracs and gain a better understanding of the frac geometries with a slickwater fluid system.			
Date formation Abandoned:	Squeeze:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt	
** Bridge Plug Depth:	** Sacks cement on top:	** Wireline and Cement Job Summary must be attached.		

Comment:

The Moran Trust 2-1 well was used for scientific purposes and will not produce at this time. A single stage frac was executed to use as a comparable to one cluster of a horizontal well. After the frac we ran temperature log passes in an attempt to determine a frac height from a single cluster. This well help ConocoPhillips determine the amount of formation we are reaching with our fracs and gain a better understanding of the frac geometries with a slickwater fluid system.

Temp log is attached. Please let me know if you need LAS version as it would not let me upload anything other than PDF.

The Frac info has been uploaded to FracFocus.org

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

Signed: _____ Print Name: Ali Savage
Title: Regulatory Specialist Date: _____ Email: ali.savage@conocophillips.com
:

Attachment Check List

Att Doc Num

Name

400639880	WELLBORE DIAGRAM
400639885	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)