

FORM
5ARev
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:

400751712

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: 10396 4. Contact Name: Desiree Arrambide
 2. Name of Operator: SOUTHWESTERN ENERGY PRODUCTION Phone: (281) 618-6107
 3. Address: PO BOX 12359 Fax: _____
 City: SPRING State: TX Zip: 77391 Email: desiree_arambide@swn.com

5. API Number 05-001-09804-00 6. County: ADAMS
 7. Well Name: LINNEBUR FLYING SERVICE 3-61 Well Number: 1-30
 8. Location: QtrQtr: SWNE Section: 30 Township: 3S Range: 61W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: MARMATON Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 11/25/2014 End Date: 11/25/2014 Date of First Production this formation: 12/06/2014Perforations Top: 9910 Bottom: 9920 No. Holes: 60 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

34,340 lbs of 40/20 white, 65,240 lbs of 20/40 white, 3306 ps, 4311 bbls of #25pHaser Frac gel, 2.5 ppg max concentration, AIR 17.4 BPM

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 4311Max pressure during treatment (psi): 5029Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.22Total acid used in treatment (bbl): 24Number of staged intervals: 1Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 327Fresh water used in treatment (bbl): 4260Disposition method for flowback: DISPOSALTotal proppant used (lbs): 102560Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/06/2014 Hours: _____ Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 50Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 109 GOR: 0Test Method: pump Casing PSI: 0 Tubing PSI: 2 Choke Size: 48Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 0Tubing Size: 2 + 7/8 Tubing Setting Depth: 9991 Tbg setting date: 12/03/2014 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:

A green completion was not done because this is a wildcat well and a pipeline is not available.

Thank you.

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

Signed: _____

Print Name: Desiree Arrambide

Title: Regulatory Analyst

Date: _____

Email desiree_arambide@swn.com

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Attachment Check List

Att Doc Num

Name

400751715	WELLBORE DIAGRAM
400751716	NET PRESSURE CHART
400751717	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)