

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:

400753785

Date Received:

01/28/2015

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

2. Name of Operator: SWN PRODUCTION COMPANY LLC

3. Address: PO BOX 12359

City: SPRING State: TX Zip: 77391

4. Contact Name: Cheryl Rowell

Phone: (832) 796-7439

Fax: (832) 796-8817

Email: cheryl_rowell@swn.com

5. API Number 05-081-07804-00

7. Well Name: DIAMOND T SHEEP 7-92

8. Location: QtrQtr: NWNW Section: 26 Township: 7N Range: 92W Meridian: 6

9. Field Name: WILDCAT Field Code: 99999

6. County: MOFFAT

Well Number: 1-26

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/11/2014 End Date: 12/12/2014 Date of First Production this formation: 09/11/2014
Perforations Top: 8915 Bottom: 9595 No. Holes: 90 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐

12/11/2014 Frac 9,590' - 9,595' NIOBRARA Formation: Pumped 143 BBL 15% HCl acid, 521 BBL slickwater, 495 BBL 35# water frac G (linear gel), and 3,033 BBL 35# Hybor G (crosslink) containing 8,000 lb 100 mesh and 294,000 lb 20/40 mesh.

12/12/2014 Frac 9,380' - 9,385' NIOBRARA Formation: Pumped 143 BBL 15% HCl acid, 469 BBL slickwater, 494 BBL 35# water frac G (linear gel), and 2,998 BBL 35# Hybor G (crosslink) containing 8,000 lb 100 mesh and 299,100 lb 20/40 mesh.

12/12/2014 Frac 8,915' - 8,920' NIOBRARA Formation: Pumped 143 BBL 15% HCl acid, 546 BBL slickwater, 507 BBL 35# water frac G (linear gel), and 2,843 BBL 35# Hybor G (crosslink) containing 8,060 lb 100 mesh and 108,300 lb 20/40 mesh.

12/11/2014 - 12/12/2014 Frac 8,915' - 9,595' (3 stages) NIOBRARA Formation: Pumped 429 BBL 15% HCl acid, 1,536 BBL slickwater, 1,496 BBL 35# water frac G (linear gel), and 8,874 BBL 35# Hybor G (crosslink) containing 24,060 lb 100 mesh and 701,400 lb 20/40 mesh.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 12335

Max pressure during treatment (psi): 3679

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): 0.81

Total acid used in treatment (bbl): 429

Number of staged intervals: 3

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 11906

Disposition method for flowback: _____

Total proppant used (lbs): 725460

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/17/2014 Hours: 24 Bbl oil: 110 Mcf Gas: 691 Bbl H2O: 370

Calculated 24 hour rate: Bbl oil: 110 Mcf Gas: 691 Bbl H2O: 370 GOR: 6281

Test Method: Flowing Casing PSI: 1410 Tubing PSI: _____ Choke Size: 16

Gas Disposition: FLARED Gas Type: WET Btu Gas: 1259 API Gravity Oil: 57

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8698 Tbg setting date: 12/23/2014 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:

Wellbore schematic will be submitted on Form 4 at a later date.

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

Signed: _____ Print Name: Cheryl Rowell

Title: Sr. Staff Reg. Analyst Date: 1/28/2015 Email: cheryl_rowell@swn.com

Attachment Check List

Att Doc Num Name

400753785 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passes Permitting: Form 5 approved.	3/26/2015 7:29:56 AM
Permit	Pending: OK when Form 5 approved.	3/25/2015 3:27:29 PM

Total: 2 comment(s)