

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:

400962188

Date Received:

12/30/2015

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: 10580
2. Name of Operator: EXPEDITION WATER SOLUTIONS COLORADO LLC
3. Address: 1023 39TH AVENUE SUITE E
City: GREELEY State: CO Zip: 80634
4. Contact Name: Ruth Goddard
Phone: (970) 515-6950
Fax:
Email: rgoddard@expedition-water.com

5. API Number 05-123-37808-00
6. County: WELD
7. Well Name: EWS
Well Number: 2
8. Location: QtrQtr: SWSE Section: 35 Township: 6N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: DENVER BASIN COMBINED DISPOSAL ZONE Status: INJECTING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 05/19/2015
Perforations Top: 8669 Bottom: 10443 No. Holes: 100 Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐
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:
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:

The information provided was obtained from the previously submitted form 5A.

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

Signed: _____

Print Name: Ruth Goddard

Title: Consultant

Date: 12/30/2015

Email: rgoddard@expedition-water.com

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Attachment Check List

Att Doc Num

Name

400962188

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

UIC

Requested this Form 5A to update Well Status from SI to IJ. Sundry 400915787 according to rules correctly notified COGCC of first injection date but we need this Form 5A to update well status. DJINJ to go to IJ, other formations to remain as CM.

12/30/2015
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Total: 1 comment(s)