

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:

401332238

Date Received:

08/14/2017

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: 10311
2. Name of Operator: SRC ENERGY INC
3. Address: 1675 BROADWAY SUITE 2600
City: DENVER State: CO Zip: 80202
4. Contact Name: Dave Kulmann
Phone: (720) 616-4382
Fax: (720) 616-4301
Email: dkulmann@srcenergy.com

5. API Number 05-123-40065-00
6. County: WELD
7. Well Name: SRC Wiedeman
Well Number: 12-5-4CHZ
8. Location: QtrQtr: NWNE Section: 5 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 03/01/2017 End Date: 03/08/2017 Date of First Production this formation: 03/29/2017
Perforations Top: 7697 Bottom: 11723 No. Holes: 720 Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole: ☐

Plug and perf completion type. 20 stages. 103634 bbls of slickwater. 36 bbls 15% HCL acid. 3690750 lbs of proppant (100+ 40/70+30/50 mesh).

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

Total fluid used in treatment (bbl): 103670

Max pressure during treatment (psi): 8237

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): 0.96

Total acid used in treatment (bbl): 36

Number of staged intervals: 20

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 378

Fresh water used in treatment (bbl): 103634

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3690750

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/13/2017 Hours: 24 Bbl oil: 297 Mcf Gas: 1763 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 297 Mcf Gas: 1763 Bbl H2O: 1 GOR: 5936
Test Method: Flowing Casing PSI: 2400 Tubing PSI: 1550 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 54 API Gravity Oil: 1000
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7252 Tbg setting date: 04/09/2017 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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/01/2017 End Date: 03/08/2017 Date of First Production this formation: 03/29/2017

Perforations Top: 8166 Bottom: 11723 No. Holes: 720 Hole size: 0.46

Provide a brief summary of the formation treatment: Open Hole: ☐

8166-8550; 8994-10599; 10612-11147, 11500-11723

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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/01/2017 End Date: 03/08/2017 Date of First Production this formation: 03/29/2017

Perforations Top: 7697 Bottom: 11500 No. Holes: 720 Hole size: 0.46

Provide a brief summary of the formation treatment: Open Hole: ☐

7697-8166; 8550-8994; 10599-10612, 11147-11500

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:

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

Signed: Print Name: Dave Kulmann

Title: Regulatory Director Date: 8/14/2017 Email: dkulmann@srcenergy.com

Attachment Check List

Att Doc Num Name

401332238 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group Comment Comment Date

Permit	<ul style="list-style-type: none">• FracFocus OK.• Permitting review complete.	09/05/2017
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Total: 1 comment(s)