

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 [X] 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: [X] 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

Total: 1 comment(s)