

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:

401526923

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: 19160

2. Name of Operator: CONOCO PHILLIPS COMPANY

3. Address: P O BOX 2197

City: HOUSTON

State: TX

Zip: 77252-

4. Contact Name: Jennifer Dixon

Phone: (832) 486-3345

Fax:

Email: jennifer.a.dixon@cop.com

5. API Number 05-005-07295-00

7. Well Name: State Bierstadt 4-65 35-34

8. Location: QtrQtr: NENE

Section: 35

Township: 4S

Range: 65W

Meridian: 6

9. Field Name: WILDCAT

Field Code: 99999

6. County: ARAPAHOE

Well Number: 1DH

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/04/2017 End Date: 12/13/2017 Date of First Production this formation: 01/12/2018
Perforations Top: 9355 Bottom: 16657 No. Holes: 1293 Hole size: 19/50

Provide a brief summary of the formation treatment:

Open Hole: ☐

Treatment Summary:

5,457,865 gallons of FR Water (FR-76)
367,349 gallons of Treated Water
82,062 gallons of 15% HCl Acid
747,380 pounds of 100 Mesh
3,228,590 pounds of 40/70

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

Total fluid used in treatment (bbl): 140649

Max pressure during treatment (psi): 8686

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 0.71

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.83

Total acid used in treatment (bbl): 1954

Number of staged intervals: 41

Recycled water used in treatment (bbl): 8746

Flowback volume recovered (bbl): 10709

Fresh water used in treatment (bbl): 129949

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 3975970

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/18/2018 Hours: 24 Bbl oil: 541 Mcf Gas: 809 Bbl H2O: 541
Calculated 24 hour rate: Bbl oil: 541 Mcf Gas: 809 Bbl H2O: 541 GOR: 1123
Test Method: Flowing Casing PSI: 0 Tubing PSI: 1550 Choke Size: 26/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1446 API Gravity Oil: 40
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9292 Tbg setting date: 01/05/2018 Packer Depth: 9269

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: Jennifer Dixon

Title: Regulatory Coordinator Date: _____ Email: jennifer.a.dixon@cop.com

Attachment Check List

Att Doc Num **Name**

Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)