

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:

401709957

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: 10373

2. Name of Operator: NGL WATER SOLUTIONS DJ LLC

3. Address: 3773 CHERRY CRK NORTH DR #1000

City: DENVER State: CO Zip: 80209

4. Contact Name: JOE VARGO

Phone: (406) 868-9799

Fax:

Email: Joseph.Vargo@nglep.com

5. API Number 05-123-40772-00

7. Well Name: NGL

6. County: WELD

Well Number: C10

8. Location: QtrQtr: SWSE Section: 35 Township: 7N Range: 65W Meridian: 6

9. Field Name: EATON Field Code: 19350

Completed Interval

FORMATION: DENVER BASIN COMBINED
DISPOSAL ZONE

Status: INJECTING

Treatment Type: ACID JOB

Treatment Date: 07/21/2018 End Date: 07/21/2018 Date of First Production this formation: _____

Perforations Top: 8926 Bottom: 10482 No. Holes: _____ Hole size: _____

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

PT line to master valve to 5000 psi. SIWP 400/0. Pump 200 BW ahead of 12,008 gl (286Bbls) of 15% HCL acid, Flush acid w/ 314 BW. Ave rate 30.3, max rate 36.6, ave pressure 3908, max pressure 4344, ISIP 1497, 5 min, 1194, 10 min 1090, 15 min 1001, 1 hr 355.

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

Total fluid used in treatment (bbl): 800

Max pressure during treatment (psi): 4344

Total gas used in treatment (mcf): 0

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

Type of gas used in treatment: _____

Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 286

Number of staged intervals: _____

Recycled water used in treatment (bbl): 514

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 0

Disposition method for flowback: _____

Total proppant used (lbs): 0

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:

Acid Job performed on DJINJ Formation perms.

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

Signed: _____ Print Name: PAUL GOTTLLOB

Title: Regulatory & Engin. Tech. Date: _____ Email paul.gottlob@iptenergyservices.com

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Attachment Check List

Att Doc Num **Name**

401709972 OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)