

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:

401797712

Date Received:

04/27/2019

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: 10110
2. Name of Operator: GREAT WESTERN OPERATING COMPANY LLC
3. Address: 1001 17TH STREET #2000
City: DENVER State: CO Zip: 80202
4. Contact Name: Miracle Pfister
Phone: (720) 595-2250
Fax:
Email: regulatorypermitting@gwogco.com

5. API Number 05-123-05508-00
6. County: WELD
7. Well Name: PIERCE LYONS UNIT-JENNINGS
Well Number: 1
8. Location: QtrQtr: NWSE Section: 27 Township: 8N Range: 66W Meridian: 6
9. Field Name: PIERCE Field Code: 69000

Completed Interval

FORMATION: LYONS Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: 08/08/2018 End Date: Date of First Production this formation: 01/22/1957
Perforations Top: 9190 Bottom: 9248 No. Holes: 180 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: On 8/8/2018 a RBP was set @ 9057' for offset mitigation. This well is closed to atmosphere by 5K wellhead. Evaluating economics for returning to production.

Date formation Abandoned: 08/08/2018 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: 9057 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

This well has been temporarily abandoned due to offset frac mitigation utilizing a RBP. See the attached operations summary. No third party verification is available.

The completion for this well was done in 1957 by another operator. The number of holes is estimated and hole size is unknown.

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

Signed: _____ Print Name: Jack Desmond

Title: Regulatory Analyst Date: 4/27/2019 Email jdesmond@gwogco.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401797712	COMPLETED INTERVAL REPORT
401797749	OPERATIONS SUMMARY
402032864	FORM 5A SUBMITTED

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)