

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



DE ET OE ES

Document Number:

402021100

Date Received:

09/18/2019

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: Renee Kendrick  
Phone: (720) 595-2114  
Fax:  
Email: rkendrick@gwogco.com

5. API Number 05-123-48287-00  
6. County: WELD  
7. Well Name: Ottesen LE  
Well Number: 06-351HNX  
8. Location: QtrQtr: NWSE Section: 33 Township: 1N Range: 66W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/11/2019 End Date: 03/15/2019 Date of First Production this formation: 04/15/2019

Perforations Top: 10438 Bottom: 17364 No. Holes: 884 Hole size: 19/50

Provide a brief summary of the formation treatment:

Open Hole: ☐

1,800 bbls 15% HCL Acid; 440,933# 100 Mesh Sand; 4,609,590# 20/40 Sand; 139,039 bbls Gelled Fluid; Flowback determined from well test separator

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

Total fluid used in treatment (bbl): 140839

Max pressure during treatment (psi): 5152

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.90

Total acid used in treatment (bbl): 1800

Number of staged intervals: 34

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 19643

Fresh water used in treatment (bbl): 139039

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5050523

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/18/2019 Hours: 24 Bbl oil: 195 Mcf Gas: 205 Bbl H2O: 357

Calculated 24 hour rate: Bbl oil: 195 Mcf Gas: 205 Bbl H2O: 357 GOR: 1051

Test Method: Flowing Casing PSI: 1603 Tubing PSI: 1074 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1416 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9987 Tbg setting date: 04/02/2019 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:

The bottom of the completed interval is at 736' FSL and 2156' FEL of Section 6. During stimulation the wellbore was isolated by a composite bridge plug set at 17374'. The toe sleeve is @ 17,417', with zonal isolation below this point provided by cement from 17,417-17,691' behind pipe and 17,682'- 17,691' inside the production casing, see cement job summary. Great Western certifies that none of the wellbore beyond the unit boundary setback was completed..

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

Signed: \_\_\_\_\_

Print Name: Renee Kendrick

Title: Sr Regulatory Analyst

Date: 9/18/2019

Email rkendrick@gwogco.com

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### Attachment Check List

**Att Doc Num**      **Name**

402021100	FORM 5A SUBMITTED
402150417	CEMENT JOB SUMMARY

Total Attach: 2 Files

### General Comments

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	•A new task has been created for COGCC Engineering to review this form. •Permitting review complete and passed task.	10/15/2019
Permit	Returned to Draft: •Bulk Return Threshold has been exceeded. Form was not reviewed.	09/13/2019
Permit	•Operators comment on submit tab is not adequate. Toe Sleeve does not provide isolation.	08/13/2019

Total: 3 comment(s)