

FORM  
5ARev  
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:

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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: 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 05-123-45196-00  
 6. County: WELD  
 7. Well Name: Raindance FD  
 Well Number: 20-399HC  
 8. Location: QtrQtr: NENE Section: 30 Township: 6N Range: 67W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

## Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/06/2019 End Date: 05/12/2019 Date of First Production this formation: 07/15/2019

Perforations Top: 7769 Bottom: 12261 No. Holes: 690 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

228,710# 100 Mesh Sand; 4,371,961# 20/40 Sand; 76,112 bbls gelled fluid; Flowback determined from well test separator.

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

Total fluid used in treatment (bbl): 76112

Max pressure during treatment (psi): 4496

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): 1.01

Total acid used in treatment (bbl): 0

Number of staged intervals: 23

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 25461

Fresh water used in treatment (bbl): 76112

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4600671

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

## Test Information:

Date: 07/20/2019 Hours: 24 Bbl oil: 143 Mcf Gas: 268 Bbl H2O: 245  
 Calculated 24 hour rate: Bbl oil: 143 Mcf Gas: 268 Bbl H2O: 245 GOR: 1874  
 Test Method: Flowing Casing PSI: 1924 Tubing PSI: 404 Choke Size: 28/64  
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1250 API Gravity Oil: 43  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7384 Tbg setting date: 05/20/2019 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.

FORMATION: CODELL		Status: COMMINGLED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 07/15/2019	
Perforations	Top: 7769	Bottom: 12261	No. Holes: 690	Hole size: 38/100	

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Codell Perf Interval: 7769' - 11041', 11284' - 12261'

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: <input type="checkbox"/>

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: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 07/15/2019  
Perforations Top: 11042 Bottom: 11283 No. Holes: 690 Hole size: 38/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Fort Hays Perf Interval: 11042' - 11283'

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: Jack Desmond

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: jdesmond@gwogco.com

**Attachment Check List**

**Att Doc Num Name**

\_\_\_\_\_  
Total Attach: 0 Files

**General Comments**

**User Group Comment**

**Comment Date**

\_\_\_\_\_  
Stamp Upon Approval

Total: 0 comment(s)