

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:

402181899

Date Received:

08/12/2020

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: mpfister@gwogco.com

5. API Number 05-001-10345-00
6. County: ADAMS
7. Well Name: Brant LE
Well Number: 08-082HC
8. Location: QtrQtr: SENE Section: 11 Township: 1S Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 08/14/2019
Perforations Top: 17249 Bottom: 17294 No. Holes: 2160 Hole size: 38/100
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:
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: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: <u>08/14/2019</u>	
Perforations	Top: <u>8246</u>	Bottom: <u>23148</u>	No. Holes: <u>2160</u>	Hole size: <u>38/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Perf/producing intervals: 8246-13561, 14441-14544, 14574-15768, 15883-17059, 17295-17549, 17603-21800, 21840-23202'					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 08/14/2019	
Perforations	Top: 13927	Bottom: 21839	No. Holes: 2160	Hole size: 38/100	

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

Perf Intervals: 13927-14440, 14545-14573, 15769-15882, 17060-17248, 17550-17602, 21801-21839

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: NIOBRARA Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 08/14/2019

Perforations Top: 13562 Bottom: 13926 No. Holes: 2160 Hole size: 38/100

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:

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: NIOBRARA-FORT HAYS-CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/13/2019 End Date: 07/22/2019 Date of First Production this formation: 08/14/2019
Perforations Top: 8246 Bottom: 23202 No. Holes: 2160 Hole size: 38/100

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

0 bbls 15% HCL Acid; 720,000# 100 Mesh Sand; 13,548,046# 20/40 Sand; 262,690 bbls gelled fluid; Flowback determined from well test separator.

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

Total fluid used in treatment (bbl): 262690 Max pressure during treatment (psi): 4167

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): 0.84

Total acid used in treatment (bbl): 0 Number of staged intervals: 72

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 29583

Fresh water used in treatment (bbl): 262690 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 14268046 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/16/2019 Hours: 24 Bbl oil: 1043 Mcf Gas: 1293 Bbl H2O: 591

Calculated 24 hour rate: Bbl oil: 1043 Mcf Gas: 1293 Bbl H2O: 591 GOR: 1240

Test Method: Flowing Casing PSI: 2254 Tubing PSI: 1656 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1436 API Gravity Oil: 43

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7939 Tbg setting date: 07/30/2019 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 1233' FNL and 472' FEL of Section 8. During stimulation the wellbore was isolated by the toe sleeve @ 23,202' with zonal isolation below this point provided by cement from 23,202' - 23,434' behind pipe and 23,424' - 23,434' 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: Jack Desmond

Title: Regulatory Analyst Date: 8/12/2020 Email: jdesmond@gwogco.com

Attachment Check List

Att Doc Num	Name
402181899	FORM 5A SUBMITTED
402311781	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	•Permitting review complete and ready to pass.	08/26/2020
Engineer	•Was a plug set before fracing first stage •Engineering review complete - not passed •No plug, toe sleeve part of completed interval - Passed	07/29/2020
Permit	A new task has been created for COGCC Engineering to review this form. •Bottom of production interval location on the submit tab does not agree with the footage reported for the bottom of the producing interval. Requesting verification. •Permitting review complete.	07/28/2020

Total: 3 comment(s)