

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) 892-2109



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Document Number:
402517471

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: <u>24320</u>	4. Contact Name: <u>Dave Peterson</u>
2. Name of Operator: <u>DIAMOND OPERATING, INC.</u>	Phone: <u>(303) 494-4420</u>
3. Address: <u>P O BOX 18746</u>	Fax: _____
City: <u>BOULDER</u> State: <u>CO</u> Zip: <u>80308</u>	Email: <u>davep@flatironenergy.com</u>

5. API Number <u>05-121-10652-00</u>	6. County: <u>WASHINGTON</u>
7. Well Name: <u>WARD UNIT</u>	Well Number: <u>44-3</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>3</u> Township: <u>2S</u> Range: <u>54W</u> Meridian: <u>6</u>	
9. Field Name: <u>ABBOTT</u> Field Code: <u>300</u>	

Completed Interval

FORMATION: J SAND

Status: TEMPORARILY ABANDONED

Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 01/01/2002

Perforations Top: 4787 Bottom: 4789 No. Holes: 12 Hole size: 5 + 1/2

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

There was no treatment. Form 5A being submitted after a 4.5" liner was run and cemented in the well to repair a hole in the 5.5" production casing.

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: 2 + 7/8 Tubing Setting Depth: 4810 Tbg setting date: 10/05/2020 Packer Depth: _____

Reason for Non-Production: A 4.5" liner was run and cemented in the well to repair a hole in the original 5.5" production casing. No CIBP was run in the well because cement was left in the base of the 4.5" liner approximately 177' above the top J sand perforation. The well will be MIT'd and then temporarily abandoned and it may be used for future UIC purposes.

Date formation Abandoned: 10/03/2020 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:

A 4.5" string of casing was run and cemented in the Ward 44-3 well in order to repair a hole in the 5.5" production casing. The cement was not drilled out of the base of the 4.5" casing. The well will be MIT'd and carried as Temporarily Abandoned. In the future the well will be used for UIC.

A Form 42 has been submitted for an MIT to occur on 10/27 at 10 am.

Diamond also submitted a Form 5.

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

Signed: _____ Print Name: David Peterson

Title: President Date: _____ Email: davep@flatironenergy.com

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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402517485	WIRELINE JOB SUMMARY
402517495	CEMENT JOB SUMMARY
402517496	WELLBORE DIAGRAM
402517498	OPERATIONS SUMMARY

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Contacted COGCC engineering to see if Form 5 is necessary.	10/26/2020

Total: 1 comment(s)