

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns: DE, ET, OE, ES

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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: 26580 2. Name of Operator: BURLINGTON RESOURCES OIL & GAS LP 3. Address: 925 N ELDRIDGE PARKWAY City: HOUSTON State: TX Zip: 77079 4. Contact Name: Lindsey Organ Phone: (303) 774-3958 Fax: Email: lindsey.organ@crestonepr.com

5. API Number 05-005-07270-00 6. County: ARAPAHOE 7. Well Name: Little Rush 4-65 28 Well Number: 1V 8. Location: QtrQtr: NWSW Section: 28 Township: 4S Range: 65W Meridian: 6 9. Field Name: DJ HORIZONTAL NIOBRARA Field Code: 16950

Completed Interval

FORMATION: NIOBRARA Status: TEMPORARILY ABANDONED Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 8019 Bottom: 8023 No. Holes: 8 Hole size: Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: Perform MIT. Date formation Abandoned: 10/07/2020 Squeeze: Yes No If yes, number of sacks cmt \*\* Bridge Plug Depth: 7850 \*\* Sacks cement on top: 0 \*\* 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: Lindsey Organ

Title: Regulatory Coordinator Date: 11/3/2020 Email: lindsey.organ@crestonepr.com  
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### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402524315	FORM 5A SUBMITTED
402524357	WELLBORE DIAGRAM
402524358	WIRELINE JOB SUMMARY

Total Attach: 3 Files

### General Comments

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

Total: 0 comment(s)