

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:

400306434

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: 47120
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-
4. Contact Name: JOEL MALEFYT
Phone: (720) 929-6828
Fax: (720) 929-7828

5. API Number 05-123-07288-00
6. County: WELD
7. Well Name: DEEPE, CARL R
Well Number: 1
8. Location: QtrQtr: NESW Section: 22 Township: 2N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>04/16/2012</u>		End Date: <u>04/16/2012</u>		Date of First Production this formation: <u>05/07/2012</u>	
Perforations	Top: <u>7626</u>	Bottom: <u>7638</u>	No. Holes: <u>36</u>	Hole size: <u>0.38</u>	

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

PERF CODL 7626-7638 HOLES 36 SIZE .38
 Refrac CODL down 2.875" tbg w/ pkr ^ ni w/ 207,942 gal slickwater w/ 151,820# 40/70, 4,000# 20/40.
 Broke @ 3,834 psi @ 6 bpm. ATP=6,344 psi; MTP=6,825 psi; ATR=24.0 bpm; ISDP= psi

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

Total fluid used in treatment (bbl): <u>4951</u>	Max pressure during treatment (psi): <u>6825</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): <u>8.30</u>
Type of gas used in treatment: _____	Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): <u>0</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>155820</u>	Rule 805 green completion techniques were utilized: <input checked="" 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: J SAND		Status: TEMPORARILY ABANDONED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: 11/12/1971	
Perforations	Top: 8070	Bottom: 8093	No. Holes: 46	Hole size: 0.4	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
SET SAND PLUG 7843-8120.					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" 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: _____			Max 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: TO PRODUCE NB/CD					
Date formation Abandoned: 04/09/2012	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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 05/07/2012

Perforations Top: 7414 Bottom: 7638 No. Holes: 76 Hole size: 0.42

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: _____ Max 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: 05/01/2012 Hours: 24 Bbl oil: 1 Mcf Gas: 22 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 1 Mcf Gas: 22 Bbl H2O: 0 GOR: 17536

Test Method: FLOWING Casing PSI: 268 Tubing PSI: 228 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1175 API Gravity Oil: 44

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7601 Tbg setting date: 05/09/2012 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: FRACTURE STIMULATION
Treatment Date: 04/16/2012 End Date: 04/16/2012 Date of First Production this formation: 05/07/2012
Perforations Top: 7414 Bottom: 7504 No. Holes: 40 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: ☐

PERF NBRR 7414-7504 HOLES 40 SIZE .42

Refrac NBRR down 2.875" tbg w/ pkr ^ ni w/ 254,058 gal slickwater w/ 200,700# 40/70, 4,000# 20/40.
Broke @ 4,517 psi @ 7 bpm. ATP=6,109 psi; MTP=7,147 psi; ATR=23.0 bpm; ISDP=3,127 psi

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

Total fluid used in treatment (bbl): 6049 Max pressure during treatment (psi): 7147
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: Max frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals: 1
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 204700 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: JOEL MALEFYT
Title: REGULATORY ANALYST Date: Email: JOEL.MALEFYT@ANADARKO.COM

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)