

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400441776

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 05-123-34601-00  
6. County: WELD  
7. Well Name: CAMENISCH  
Well Number: 23-2  
8. Location: QtrQtr: SWSW Section: 2 Township: 1N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>05/29/2013</u>		End Date: <u>05/29/2013</u>		Date of First Production this formation: <u>06/05/2013</u>	
Perforations	Top: <u>7878</u>	Bottom: <u>7894</u>	No. Holes: <u>64</u>	Hole size: <u>0.38</u>	

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

4813 BBL SLICKWATER, 4813 BBL TOTAL FLUID.  
 149200# 30/50 SAND, 4000# 20/40 SAND, 153200# TOTAL SAND.

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

Total fluid used in treatment (bbl): <u>4813</u>	Max pressure during treatment (psi): <u>5134</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.30</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.80</u>
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>378</u>
Fresh water used in treatment (bbl): <u>0</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>153200</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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/29/2013 End Date: 05/29/2013 Date of First Production this formation: 06/03/2013

Perforations Top: 7656 Bottom: 7894 No. Holes: 126 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: \_\_\_\_\_ 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](http://FracFocus.org)**

**Test Information:**

Date: 06/12/2013 Hours: 24 Bbl oil: 27 Mcf Gas: 103 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 27 Mcf Gas: 103 Bbl H2O: 0 GOR: 3815

Test Method: FLOWING Casing PSI: 776 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1290 API Gravity Oil: 50

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: FRACTURE STIMULATION  
Treatment Date: 05/29/2013 End Date: 05/29/2013 Date of First Production this formation: 06/05/2013  
Perforations Top: 7656 Bottom: 7748 No. Holes: 62 Hole size: 0.42  
Provide a brief summary of the formation treatment: Open Hole: ☐

5806 BBL SLICKWATER, 5806 BBL TOTAL FLUID.  
200280# 30/50 SAND, 4000# 20/40 SAND, 204280# TOTAL SAND.

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

Total fluid used in treatment (bbl): 5806 Max pressure during treatment (psi): 4991  
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30  
Type of gas used in treatment: Min frac gradient (psi/ft): 0.80  
Total acid used in treatment (bbl): 0 Number of staged intervals: 1  
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 378  
Fresh water used in treatment (bbl): 0 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 204280 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)