

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:

400511455

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 05-123-29022-00  
6. County: WELD  
7. Well Name: STATE  
Well Number: 13-16  
8. Location: QtrQtr: NESW Section: 16 Township: 1N Range: 68W 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>09/22/2013</u> |                  | End Date: <u>09/22/2013</u> |                      | Date of First Production this formation: <u>06/25/2009</u> |  |
| Perforations                      | Top: <u>8266</u> | Bottom: <u>8282</u>         | No. Holes: <u>64</u> | Hole size: <u>0.38</u>                                     |  |

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

CODELL REFRAC  
 4660 BBL SLICKWATER, 4660 BBL TOTAL FLUID.  
 151280# 40/70 SAND, 4000# 20/40 SAND, 155280# TOTAL SAND.

|  |   |  |
|--|---|--|
| This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| Total fluid used in treatment (bbl): <u>4660</u>   | Max pressure during treatment (psi): <u>4947</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>0.82</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>779</u>   |  |
| Fresh water used in treatment (bbl): <u>0</u>  | Disposition method for flowback: <u>DISPOSAL</u>  |  |
| Total proppant used (lbs): <u>155280</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: <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: 06/25/2009

Perforations Top: 7862 Bottom: 8282 No. Holes: 136 Hole size: 0.38

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: 10/25/2013 Hours: 24 Bbl oil: 22 Mcf Gas: 17 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 22 Mcf Gas: 17 Bbl H2O: 0 GOR: 772

Test Method: FLOWING Casing PSI: 1557 Tubing PSI: 98 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1369 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8222 Tbg setting date: 10/01/2013 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: RSCDJPOSTDRILL@ANADARKO.COM

**Attachment Check List**

**Att Doc Num** **Name**

\_\_\_\_\_

Total Attach: 0 Files

**General Comments**

**User Group** **Comment** **Comment Date**

\_\_\_\_\_

Total: 0 comment(s)