

FORM
5ARev
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:

400566521

Date Received:

03/05/2014

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: 2800 4. Contact Name: KENNY TRUEAX
 2. Name of Operator: ANADARKO E&P ONSHORE LLC Phone: (720) 929-6383
 3. Address: PO BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217- Email: RSCDJPOSTDRILL@ANADARKO.COM

5. API Number 05-061-06890-01 6. County: KIOWA
 7. Well Name: Lincoln Well Number: 1748-11-11-HX
 8. Location: QtrQtr: SWSW Section: 11 Township: 17S Range: 48W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: ACID JOB
 Treatment Date: 01/25/2014 End Date: 01/26/2014 Date of First Production this formation: 02/01/2014
 Perforations Top: 5630 Bottom: 8348 No. Holes: _____ Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☒

Acidize Spergen formation from 5630' - 8348' MD with 14 stages through SSLEEVE liner
 Treated w/ 10,077 bbl SW, 700 bbl 15% HCl, 476 bbl 7.5% HCL 11,254 bbl total fluid

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 11254Max pressure during treatment (psi): 2214Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____

Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 1177Number of staged intervals: 14Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 0Fresh water used in treatment (bbl): 10077Disposition method for flowback: DISPOSALTotal proppant used (lbs): 0Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/05/2014 Hours: 23 Bbl oil: 42 Mcf Gas: 29 Bbl H2O: 439
 Calculated 24 hour rate: Bbl oil: 44 Mcf Gas: 458 Bbl H2O: 30 GOR: 690
 Test Method: PUMPING Casing PSI: 36 Tubing PSI: 40 Choke Size: _____
 Gas Disposition: FLARED Gas Type: WET Btu Gas: 0 API Gravity Oil: 40
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 5471 Tbg setting date: 02/26/2014 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:

Well Test Data: gas BTU content is unavailable at the time of 5A submission; gas analysis will be performed as soon as possible within the next two weeks

CONFIDENTIAL WELL status granted 12/12/13 Doc. ID: 400507641

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

Signed: _____ Print Name: KENNETH TRUEAX
Title: SR. REGULATORY ANALYST Date: 3/5/2014 Email RSCDJPOSTDRILL@ANADARKO.COM
:

Attachment Check List

Att Doc Num **Name**

400566521	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

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

Permit	Flowback revised. All production water that soaked into the carbonate and there is no way to calculate it as flowback. per operator.	3/6/2014 2:43:25 PM
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Total: 1 comment(s)