

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:

400580177

Date Received:

04/07/2014

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 05-017-07777-00	6. County: CHEYENNE
7. Well Name: Switchman	Well Number: 1647-17-11H
8. Location: QtrQtr: SWSW Section: 17 Township: 16S Range: 47W Meridian: 6	
9. Field Name: WILDCAT	Field Code: 99999

Completed Interval

FORMATION: SPERGEN Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 03/01/2014 End Date: 03/02/2014 Date of First Production this formation: 03/02/2014
Perforations Top: 5791 Bottom: 9142 No. Holes: Hole size:
Provide a brief summary of the formation treatment: Open Hole: ☒

Acidize Spergen formation from 5791' - 9142' MD with 18 stages through S-SLEEVE liner
Treated w/ 8,543 bbl water, 773 bbl 15% HCl, 59 bbl 7.5% HCL 501 bbl gel; 9877 bbl total fluid

This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): 9877 Max pressure during treatment (psi): 2168
Total gas used in treatment (mcf): Fluid 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): 832 Number of staged intervals: 18
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): 8543 Disposition method for flowback: DISPOSAL
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: Well was shut in from 3/11/14 - 3/25/14 due to H2S - we do not have sufficient volumes for a 24 hour test

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:

*** CONFIDENTIAL WELL ***

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: 4/7/2014 Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num Name

400580177 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Engineer	Operator requested the end date for the treatment be corrected from 2/27/14 to 3/2/14.	4/24/2014 5:19:37 PM

Total: 1 comment(s)