

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:

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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: ILA BEALE

Phone: (720) 929-6408

Fax:

Email: ila.beale@anadarko.com

5. API Number 05-123-39587-00

7. Well Name: DOUTHIT

8. Location: QtrQtr: NESE Section: 26 Township: 3N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 39N-27HZ

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 12/12/2014 End Date: 12/15/2014 Date of First Production this formation: 12/31/2014
Perforations Top: 8259 Bottom: 13127 No. Holes: 0 Hole size: _____
Provide a brief summary of the formation treatment: Open Hole: ☒

"COMPLETED THROUGH AN OPEN HOLE LINER FROM 8259-13,127.
24 BBL ACID, 10,534 BBL CROSSLINK GEL, 10,562 BBL LINEAR GEL, 130,304 BBL SLICKWATER, - 151,424 BBL TOTAL FLUID
316,626# 30/50 OTTAWA/ST. PETERS, 4,253,995# 40/70 GENOA/SAND HILLS, - 4,570,621# TOTAL SAND."

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

Total fluid used in treatment (bbl): 151424 Max pressure during treatment (psi): 7362
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): 0.85
Total acid used in treatment (bbl): 24 Number of staged intervals: 40
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 803
Fresh water used in treatment (bbl): 151400 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 4570621 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/19/2015 Hours: 24 Bbl oil: 131 Mcf Gas: 180 Bbl H2O: 31
Calculated 24 hour rate: Bbl oil: 131 Mcf Gas: 180 Bbl H2O: 31 GOR: 1374
Test Method: FLOWING Casing PSI: 800 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1286 API Gravity Oil: 47
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: ILA BEALE
Title: STAFF REG. SPECIALIST Date: _____ Email: rscdjpostdrill@anadarko.com
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Attachment Check List

Att Doc Num **Name**

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)