

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:

400863265

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 05-123-38978-00

7. Well Name: KERR

8. Location: QtrQtr: SESW Section: 13 Township: 2N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 14C-25HZ

## Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/17/2015 End Date: 05/30/2015 Date of First Production this formation: 06/19/2015

Perforations Top: 7876 Bottom: 17689 No. Holes: 788 Hole size: 0.37

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

"PERF AND FRAC FROM 7876-17,689.  
488 BBL ACID, 181,526 BBL SLICKWATER, 7,916 BBL TREATED WATER, - 189,930 BBL TOTAL FLUID  
5,668,750# 40/70 GENOA, - 5,668,750# TOTAL SAND.  
ENTERED CODELL: 7820-7953; 8416-15,459; 16,642-17,689  
FORT HAYS : 7953-8416; 15,459-16,642;  
THIS IS A DESIGNATED SOURCE OF SUPPLY WELL;  
(SEE ATTACHMENT)

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

Total fluid used in treatment (bbl): 189930 Max pressure during treatment (psi): 7390

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): 0.78

Total acid used in treatment (bbl): 488 Number of staged intervals: 33

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 981

Fresh water used in treatment (bbl): 189442 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5668750 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

Date: 06/26/2015 Hours: 24 Bbl oil: 21 Mcf Gas: 80 Bbl H2O: 44

Calculated 24 hour rate: Bbl oil: 21 Mcf Gas: 80 Bbl H2O: 44 GOR: 3810

Test Method: FLOWING Casing PSI: 400 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1408 API Gravity Oil: 49

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

## Attachment Check List

Att Doc Num	Name
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400863336	OTHER
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Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)