

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:
400867618

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: <u>47120</u>	4. Contact Name: <u>Kayla Hesseltine</u>
2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6552</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>kayla.hesseltine@anadarko.com</u>

5. API Number <u>05-123-40406-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>COBRA</u>	Well Number: <u>30C-14HZ</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>23</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/27/2015 End Date: 07/04/2015 Date of First Production this formation: 07/11/2015
Perforations Top: 8527 Bottom: 13506 No. Holes: 600 Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole:

PERF AND FRAC FROM 8527-13,506.
131 BBL ACID, 137,973 BBL SLICKWATER, 3,179 BBL WATER, 141,282 BBL TOTAL FLUID.
8,991,150# 100 MESH OTTAWA/ST. PETERS, 8,991,150# TOTAL SAND.

ENTERED CODELL 8390-8953, 9178-11349, 12148-12283, 12324-13583,
CARLILE 8953-9178, 11349-12148, 12283-12324.
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): 141282

Max pressure during treatment (psi): 8435

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): 0.82

Total acid used in treatment (bbl): 131

Number of staged intervals: 25

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 7526

Fresh water used in treatment (bbl): 141151

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 8991150

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/24/2015 Hours: 24 Bbl oil: 124 Mcf Gas: 207 Bbl H2O: 520

Calculated 24 hour rate: Bbl oil: 124 Mcf Gas: 207 Bbl H2O: 520 GOR: 1669

Test Method: FLOWING Casing PSI: 1350 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1310 API Gravity Oil: 50

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: Kayla Hesselstine

Title: Regulatory Specialist Date: _____ Email: kayla.hesselstine@anadarko.com

Attachment Check List

Att Doc Num **Name**

400868148 OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)