

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:

400660551

Date Received:

08/26/2014

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: 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: Katie Kistner

Phone: (720) 9294317

Fax:

Email: katie.kistner@anadarko.com

5. API Number 05-123-39044-00

7. Well Name: LANSDOWN STATE

8. Location: QtrQtr: SWSW Section: 21 Township: 2N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 29N-21HZ

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/23/2014 End Date: 07/24/2014 Date of First Production this formation: 08/08/2014
Perforations Top: 7840 Bottom: 12324 No. Holes: 0 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☒

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7840-12324.
48 BBL ACID, 9721 BBL CROSSLINK GEL, 1638 BBL LINEAR GEL, 74464 BBL SLICKWATER, 85871 BBL TOTAL FLUID.
2121735# 40/70 GENOA/SAND HILLS, 2121735# TOTAL SAND.

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

Total fluid used in treatment (bbl): 85871

Max pressure during treatment (psi): 7478

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): 0.87

Total acid used in treatment (bbl): 48

Number of staged intervals: 36

Recycled water used in treatment (bbl): 6698

Flowback volume recovered (bbl): 349

Fresh water used in treatment (bbl): 79124

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2121735

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/16/2014 Hours: 24 Bbl oil: 331 Mcf Gas: 453 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 331 Mcf Gas: 453 Bbl H2O: 0 GOR: 1369

Test Method: FLOWING Casing PSI: 1600 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1358 API Gravity Oil: 48

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: Katie Kistner

Title: Regulatory Analyst Date: 8/26/2014 Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num **Name**

400660551 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)