

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:

400947982

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 05-123-40979-00

7. Well Name: MILK STATE

8. Location: QtrQtr: SESW Section: 21 Township: 3N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 29C-21HZ

Completed Interval

FORMATION: NIOBRARA-FT HAYS-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 10/30/2015 End Date: 11/04/2015 Date of First Production this formation: 11/21/2015
Perforations Top: 7598 Bottom: 12683 No. Holes: 408 Hole size: 0.46
Provide a brief summary of the formation treatment: Open Hole: ☐

PERF AND FRAC FROM 7598-12683.
226 BBL ACID, 81,084 BBL SLICKWATER, 2,081 BBL TREATED WATER, - 83,391 BBL TOTAL FLUID
327,250# 100 MESH OTTOWA, 2,111,500# 40/70 OTTOWA, - 2,438,750# TOTAL SAND.
ENTERED: NIOBRARA 7416-7621; 8108-8905; 11,241-11,256; 12,437-12,683;
FT. HAYS 7621-8108; 8905-11,022; 11,256-12,437;
CODELL 11,022-11,241;
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): 83391 Max pressure during treatment (psi): 7170
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): 226 Number of staged intervals: 17
Recycled water used in treatment (bbl): 1270 Flowback volume recovered (bbl): 464
Fresh water used in treatment (bbl): 81895 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 2438750 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/30/2015 Hours: 24 Bbl oil: 76 Mcf Gas: 392 Bbl H2O: 116
Calculated 24 hour rate: Bbl oil: 76 Mcf Gas: 392 Bbl H2O: 116 GOR: 5158
Test Method: FLOWING Casing PSI: 1325 Tubing PSI: Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1277 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: ILA BEALE
Title: STAFF REG. SPECIALIST Date: Email: ila.beale@anadarko.com

Attachment Check List

Att Doc Num Name

400947986 OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)