

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:

400948222

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 05-069-06479-00

7. Well Name: ENCORE

8. Location: QtrQtr: NWNW Section: 12 Township: 5N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: LARIMER

Well Number: 1C-12HZ

Completed Interval

FORMATION: CARLILE-CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 10/28/2015 End Date: 11/02/2015 Date of First Production this formation: 11/23/2015
Perforations Top: 8008 Bottom: 14054 No. Holes: 500 Hole size: 0.46
Provide a brief summary of the formation treatment: Open Hole: ☐

"PERF AND FRAC FROM 8008-14,054.
24 BBL ACID, 103,331 BBL SLICKWATER, 5,560 BBL WATER, - 108,915 BBL TOTAL FLUID
3,302,290# 40/70 OTTAWA/ST. PETERS, - 3,302,290# TOTAL SAND.
ENTERED: CARLILE 7888-8187;
CODELL 8187-12,772; 13,367-14,054;
FT. HAYS 12,7772-13,367;
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): 108915 Max pressure during treatment (psi): 7458
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): 0.77
Total acid used in treatment (bbl): 24 Number of staged intervals: 20
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 419
Fresh water used in treatment (bbl): 108891 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3302290 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/04/2015 Hours: 24 Bbl oil: 211 Mcf Gas: 216 Bbl H2O: 1
Calculated 24 hour rate: Bbl oil: 211 Mcf Gas: 216 Bbl H2O: 1 GOR: 1024
Test Method: FLOWING Casing PSI: 1350 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1366 API Gravity Oil: 45
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**

400948226 OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)