

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:
401020984

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>ILA BEALE</u>
2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6408</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>ila.beale@anadarko.com</u>

5. API Number <u>05-123-41285-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BAT</u>	Well Number: <u>29C-9HZ</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>9</u> Township: <u>1N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

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

Treatment Date: 03/02/2016 End Date: 03/08/2016 Date of First Production this formation: 03/22/2016
Perforations Top: 7828 Bottom: 12092 No. Holes: 340 Hole size: 0.42

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

PERF AND FRAC FROM 7828-12092.
345 BBL ACID,149064 BBL SLICKWATER,2251 BBL WATER,151660 BBL TOTAL FLUID,765750# 100 MESH OTTAWA/ST. PETERS,3882120# 40/70 OTTAWA/ST. PETERS,4647870# TOTAL SAND.
ENTERED FT HAYS 7828-8836; 9395-9444;
CODELL 8836-9395; 9444-9601; 9834-10,617; 10,932-11,525; 11,896-12,092;
CARLILIE 9601-9834; 10,617-10,932; 11,525-11,896
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): 151660 Max pressure during treatment (psi): 7610
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): 1.02
Total acid used in treatment (bbl): 345 Number of staged intervals: 14
Recycled water used in treatment (bbl): 1350 Flowback volume recovered (bbl): 6721
Fresh water used in treatment (bbl): 149965 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 4647870 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/30/2016 Hours: 24 Bbl oil: 100 Mcf Gas: 114 Bbl H2O: 688
Calculated 24 hour rate: Bbl oil: 100 Mcf Gas: 114 Bbl H2O: 688 GOR: 1140
Test Method: FLOWING Casing PSI: 525 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1388 API Gravity Oil: 44
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

401020989

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)