

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:

401039368

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 05-123-40834-00

7. Well Name: GREEN

8. Location: QtrQtr: NWNW Section: 8 Township: 1N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 2C-8HZ

Completed Interval

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

Treatment Date: 03/29/2016 End Date: 04/04/2016 Date of First Production this formation: 04/23/2016

Perforations Top: 8029 Bottom: 13470 No. Holes: 432 Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF AND FRAC FROM 8029-13,470.
162 BBL ACID, 192,579 BBL SLICKWATER, 3,471 BBL WATER, - 196,212 BBL TOTAL FLUID
982,076# 100 MESH OTTAWA/ST. PETERS, 4,852,294# 40/70 OTTAWA/ST. PETERS, - 5,834,370# TOTAL SAND.
ENTERED NIOBRARA: 8029-8031;
FT. HAYS 8031-8488; 9295-9532; 9977-10,002; 10,293-10,628; 11,382-11,565; 13,158-13,470;
CODELL 8488-9295; 9532-9977; 10,002-10,293; 10,638-11,105; 11,565-11,964; 12,035-13,158;
CARLILE 11,105-11,382; 11,964-12,035;
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): 196212

Max pressure during treatment (psi): 7708

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): 0.89

Total acid used in treatment (bbl): 162

Number of staged intervals: 18

Recycled water used in treatment (bbl): 1950

Flowback volume recovered (bbl): 9484

Fresh water used in treatment (bbl): 194100

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 5834370

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/05/2016 Hours: 24 Bbl oil: 109 Mcf Gas: 92 Bbl H2O: 328

Calculated 24 hour rate: Bbl oil: 109 Mcf Gas: 92 Bbl H2O: 328 GOR: 872

Test Method: FLOWING Casing PSI: 2100 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1479 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: ILA BEALE

Title: STAFF REG. SPECIALIST Date: _____ Email: ila.beale@anadarko.com

Attachment Check List

Att Doc Num

Name

401044961

OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)