

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

5. API Number 05-123-39128-00	6. County: WELD
7. Well Name: SPURLING	Well Number: 36C-34HZ
8. Location: QtrQtr: NWNW Section: 34 Township: 2N Range: 67W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 01/02/2015		End Date: 01/09/2015		Date of First Production this formation: 01/27/2015	
Perforations	Top: 8132	Bottom: 12343	No. Holes: 0	Hole size: _____	

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

"COMPLETED THROUGH AN OPEN HOLE LINER FROM 8132-12,343.
 24 BBL ACID, 40,354 BBL CROSSLINK GEL, 1,782 BBL LINEAR GEL, 16,132 BBL SLICKWATER, - 58,293 BBL TOTAL FLUID
 2,370,357# 20/40 ECONOPROP, - 2,370,357# TOTAL SAND."

This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): 58293	Max pressure during treatment (psi): 8150
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): 0.91
Total acid used in treatment (bbl): 24	Number of staged intervals: 30
Recycled water used in treatment (bbl): 0	Flowback volume recovered (bbl): 1771
Fresh water used in treatment (bbl): 58269	Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 2370357	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>
Reason why green completion not utilized: _____	

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/04/2015	Hours: 24	Bbl oil: 115	Mcf Gas: 210	Bbl H2O: 199
Calculated 24 hour rate:	Bbl oil: 115	Mcf Gas: 210	Bbl H2O: 199	GOR: 1826
Test Method: FLOWING	Casing PSI: 825	Tubing PSI: _____	Choke Size: 14/64	
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1230	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.**

FORMATION: CODELL		Status: COMMINGLED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 8132	Bottom: 12343	No. Holes: 0	Hole size: _____	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
CODELLL ENTERED 8132-10,755 & 11,214-12,3434					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): _____		Max pressure during treatment (psi): _____			
Total gas used in treatment (mcf): _____		Fluid density at initial fracture (lbs/gal): _____			
Type of gas used in treatment: _____		Min frac gradient (psi/ft): _____			
Total acid used in treatment (bbl): _____		Number of staged intervals: _____			
Recycled water used in treatment (bbl): _____		Flowback volume recovered (bbl): _____			
Fresh water used in treatment (bbl): _____		Disposition method for flowback: _____			
Total proppant used (lbs): _____		Rule 805 green completion techniques were utilized: <input type="checkbox"/>			
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: _____	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	
Calculated 24 hour rate: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____	GOR: _____	
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____		
Gas Disposition: _____	Gas Type: _____	Btu Gas: _____	API Gravity Oil: _____		
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____			
** Bridge Plug Depth: _____	** Sacks cement on top: _____	** Wireline and Cement Job Summary must be attached.			

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 10755 Bottom: 11214 No. Holes: 0 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

FT HAYS ENTERED 10,755-11,214

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
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**

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

Total: 0 comment(s)