

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:

401086904

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 05-123-40586-00

7. Well Name: DOCHEFF

8. Location: QtrQtr: SESW Section: 14 Township: 3N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 33C-13HZ

Completed Interval

| | | | | | |
|-----------------------------|-----------|----------------------|----------------|---|--|
| FORMATION: CODELL-FORT HAYS | | Status: PRODUCING | | Treatment Type: FRACTURE STIMULATION | |
| Treatment Date: 06/28/2016 | | End Date: 07/02/2016 | | Date of First Production this formation: 07/13/2016 | |
| Perforations | Top: 7839 | Bottom: 12578 | No. Holes: 279 | Hole size: 0.46 | |

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

"PERF AND FRAC FROM 7839-12,578.
 10 BBL 7.5% HCL ACID, 3,566 BBL PUMP DOWN, 89,120 BBL SLICKWATER, - 92,695 BBL TOTAL FLUID
 415,867# 100 MESH, 2,192,374# 40/70 PREMIUM, - 2,608,240# TOTAL SAND.
 ENTERED: FT HAYS 7839-8138; 10,699-10710;
 CODELL 8138-10,699; 10,710-12,578;
 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): 92695 | Max pressure during treatment (psi): 7000 |
| 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): 10 | Number of staged intervals: 12 |
| Recycled water used in treatment (bbl): 0 | Flowback volume recovered (bbl): 16812 |
| Fresh water used in treatment (bbl): 92686 | Disposition method for flowback: DISPOSAL |
| Total proppant used (lbs): 2608241 | 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: 07/20/2016 | Hours: 24 | Bbl oil: 59 | Mcf Gas: 96 | Bbl H2O: 741 |
| Calculated 24 hour rate: | Bbl oil: 59 | Mcf Gas: 96 | Bbl H2O: 741 | GOR: 1627 |
| Test Method: FLOWING | Casing PSI: 800 | Tubing PSI: _____ | Choke Size: 14/64 | |
| Gas Disposition: SOLD | Gas Type: WET | Btu Gas: 1375 | 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.**

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 8138 Bottom: 12578 No. Holes: 279 Hole size: 0.46

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

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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7839 Bottom: 10710 No. Holes: 279 Hole size: 0.46

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

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**

401090668 OTHER

Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)