

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



DE	ET	OE	ES
----	----	----	----

Document Number:
401088257

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>05-123-40590-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DOCHEFF</u>	Well Number: <u>13N-13HZ</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>14</u> Township: <u>3N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/28/2016 End Date: 07/03/2016 Date of First Production this formation: 07/18/2016
Perforations Top: 7707 Bottom: 12259 No. Holes: 423 Hole size: 0.46

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

"PERF AND FRAC FROM 7707-12,259.
10 BBL 7.5% HCL ACID, 3,572 BBL PUMP DOWN, 125,128 BBL SLICKWATER, - 128,709 BBL TOTAL FLUID
591,214# 100 MESH OTTAWA/ST. PETERS, 3,140,473# 40/70 OTTAWA/ST. PETERS, - 3,731,687# TOTAL SAND."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 128709 Max pressure during treatment (psi): 7155
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): 0.92
Total acid used in treatment (bbl): 10 Number of staged intervals: 18
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 11648
Fresh water used in treatment (bbl): 128700 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3731687 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/20/2016 Hours: 24 Bbl oil: 96 Mcf Gas: 96 Bbl H2O: 741
Calculated 24 hour rate: Bbl oil: 96 Mcf Gas: 96 Bbl H2O: 741 GOR: 1627
Test Method: FLOWING Casing PSI: 1600 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.

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

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

Total: 0 comment(s)