

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:

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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  
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 05-123-40587-00  
6. County: WELD  
7. Well Name: DOCHEFF  
Well Number: 13C-15HZ  
8. Location: QtrQtr: SESW Section: 14 Township: 3N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type:  
Treatment Date: End Date: Date of First Production this formation:  
Perforations Top: 12498 Bottom: 12597 No. Holes: 303 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: CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/04/2016 End Date: 07/08/2016 Date of First Production this formation: 07/22/2016

Perforations Top: 7714 Bottom: 12774 No. Holes: 303 Hole size: 0.46

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

"PERF AND FRAC FROM 7714-12,774.  
10 BBLs 7.5% HCL ACID, 93,737 BBL SLICKWATER, 2,883 BBL WATER, - 96,630 BBL TOTAL FLUID  
453,974# 100 MESH PREMIUM, 2,395,670# 40/70 PREMIUM, - 2,849,644# TOTAL SAND.  
ENTERED: CODELL 7714-12,498; 12,597-12,774;  
CARLILE 12,498-12,597;  
THIS IS A DESIGNATED SOURCE OF SUPPLY WELL  
(SEE ATTACHMENT)

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): 96630

Max pressure during treatment (psi): 6709

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): 0.87

Total acid used in treatment (bbl): 10

Number of staged intervals: 13

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 11616

Fresh water used in treatment (bbl): 96620

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2849644

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 07/27/2016 Hours: 24 Bbl oil: 50 Mcf Gas: 77 Bbl H2O: 605

Calculated 24 hour rate: Bbl oil: 50 Mcf Gas: 77 Bbl H2O: 605 GOR: 1540

Test Method: FLOWING Casing PSI: 1800 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: 7714 Bottom: 12774 No. Holes: 303 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**

401088470 OTHER

Total Attach: 1 Files

**General Comments**

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

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Total: 0 comment(s)