

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:

400743845

Date Received:

12/22/2014

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 05-123-39430-00

6. County: WELD

7. Well Name: SPOTTED
Well Number: 4C-23HZ

8. Location: QtrQtr: SWSW Section: 23 Township: 2N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/23/2014 End Date: 10/24/2014 Date of First Production this formation: 11/25/2014
Perforations Top: 8046 Bottom: 12730 No. Holes: 0 Hole size: _____

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

"COMPLETED THROUGH AN OPEN HOLE LINER FROM 8046-12,730.
4,283 BBL LINEAR GEL, 85,656 BBL SLICKWATER, 89,939 BBL TOTAL FLUID
2,271,644# 40/70 GENOA/SAND HILLS, - 2,271,644# TOTAL SAND."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 89939

Max pressure during treatment (psi): 7728

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): 0.81

Total acid used in treatment (bbl): 0

Number of staged intervals: 37

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 2113

Fresh water used in treatment (bbl): 89939

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2271644

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/01/2014 Hours: 24 Bbl oil: 374 Mcf Gas: 600 Bbl H2O: 385
Calculated 24 hour rate: Bbl oil: 374 Mcf Gas: 600 Bbl H2O: 385 GOR: 1604
Test Method: FLOWING Casing PSI: 2100 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1319 API Gravity Oil: 49
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: 12/22/2014 Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Name
400743845	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)