

**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: <u>47120</u>	4. Contact Name: <u>ILA BEALE</u>
2. Name of Operator: <u>KERR MCGEE OIL &amp; 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>05-123-42143-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>COOK</u>	Well Number: <u>28N-16HZ</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>16</u> Township: <u>2N</u> Range: <u>65W</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: 10/24/2016 End Date: 10/29/2016 Date of First Production this formation: 11/07/2016  
Perforations Top: 7543 Bottom: 12505 No. Holes: 456 Hole size: 0.46

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

"PERF AND FRAC FROM 7543-12505.  
379 BBL 7.5% HCL ACID, 3,645 BBL PUMP DOWN, 134,066 BBL SLICKWATER, - 138,090 BBL TOTAL FLUID  
4,132,782# 40/70 OTTAWA/ST. PETERS, - 4,132,782# TOTAL SAND."

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 138090

Max pressure during treatment (psi): 7834

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): 0.93

Total acid used in treatment (bbl): 379

Number of staged intervals: 19

Recycled water used in treatment (bbl): 1500

Flowback volume recovered (bbl): 216

Fresh water used in treatment (bbl): 136211

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 4132782

Rule 805 green completion techniques were utilized:

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

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

#### Test Information:

Date: 11/20/2016 Hours: 24 Bbl oil: 107 Mcf Gas: 225 Bbl H2O: 204

Calculated 24 hour rate: Bbl oil: 107 Mcf Gas: 225 Bbl H2O: 204 GOR: 2103

Test Method: FLOWING Casing PSI: 1700 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1262 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.

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)