

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:

401177444

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 05-123-41824-00  
6. County: WELD  
7. Well Name: ADAMSON  
Well Number: 35C-28HZ  
8. Location: QtrQtr: NWSW Section: 21 Township: 2N Range: 65W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/18/2016 End Date: 11/21/2016 Date of First Production this formation: 12/12/2016

Perforations Top: 7646 Bottom: 13118 No. Holes: 309 Hole size: 0.44

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

PERF AND FRAC FROM 7646-13,118.  
38 BBL 7.5% HCL ACID, 97,192 BBL SLICKWATER, - 97,230 BBL TOTAL FLUID  
2,900,036# 40/70 OTTAWA/ST. PETERS, - 2,900,036# TOTAL SAND.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 97230 Max pressure during treatment (psi): 7701

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): 0.90

Total acid used in treatment (bbl): 38 Number of staged intervals: 14

Recycled water used in treatment (bbl): 1950 Flowback volume recovered (bbl): 6340

Fresh water used in treatment (bbl): 95242 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2900036 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/30/2016 Hours: 24 Bbl oil: 134 Mcf Gas: 140 Bbl H2O: 276

Calculated 24 hour rate: Bbl oil: 134 Mcf Gas: 140 Bbl H2O: 276 GOR: 1045

Test Method: FLOWING Casing PSI: 1200 Tubing PSI:  Choke Size: 29

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1378 API Gravity Oil: 54

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: 7646   | Bottom: 13118  | No. Holes: 309  | Hole size: 0.44                                |  |
| Provide a brief summary of the formation treatment:  |   |  | Open Hole: <input type="checkbox"/>                                 |  |  |
| CODELL: 7646-8816; 8937-10,854; 11,755-13,118;   |   |  |   |  |  |
| This formation is commingled with another formation:   |   |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> |   |  |  |
| Reason why green completion not utilized: _____  |   |  |   |  |  |
| <b>Fracture stimulations must be reported on FracFocus.org</b>                                     |   |  |   |  |  |
| <b><u>Test Information:</u></b>  |   |  |   |  |  |
| 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |   |  |   |  |  |
| Date formation Abandoned: _____  | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 8816 Bottom: 11755 No. Holes: 309 Hole size: 0.44  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

FT HAYS: 8816-8937; 10,854-11,755

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:

SEE ATTACHMENT FOR COPY OF WELL PATH THROUGH FORMATIONS.

THIS WELL HAD A DELAYED COMPLETION. THE TPZ FOOTAGES ON FORM 5 SHOULD BE REVISED TO 2670 FSL; 812 FWL.

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**

401177537 OTHER

Total Attach: 1 Files

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