

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 401203019 Date Received:				
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> 2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u> 3. Address: <u>P O BOX 173779</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	4. Contact Name: <u>ILA BEALE</u> Phone: <u>(720) 929-6408</u> Fax: _____ Email: <u>ila.beale@anadarko.com</u>
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5. API Number <u>05-123-42304-00</u> 7. Well Name: <u>LAND</u> 8. Location: QtrQtr: <u>NWNE</u> Section: <u>32</u> Township: <u>2N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>15C-32HZ</u> Range: <u>66W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>CARLILE</u>	Status: <u>COMMINGLED</u>	Treatment Type: _____
Treatment Date: _____	End Date: _____	Date of First Production this formation: _____
Perforations Top: <u>11011</u>	Bottom: <u>11994</u>	No. Holes: <u>312</u> Hole size: <u>0.46</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>

CARLILE: 11,011-11,328; 11,537-11,994;

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: <input type="checkbox"/>

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: 01/01/2017 End Date: 01/04/2017 Date of First Production this formation: 01/25/2017

Perforations Top: 8004 Bottom: 12914 No. Holes: 312 Hole size: 0.46

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

PERF AND FRAC FROM 8004-12914 .
19 BBL 7.5% HCL ACID, 95,105 BBL PUMP DOWN, 1,994 BBL SLICKWATER, - 97,118 BBL TOTAL FLUID
2,838,800# 40/70 OTTAWA/ST. PETERS, 2,838,800# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 97118 Max pressure during treatment (psi): 7479

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): 0.83

Total acid used in treatment (bbl): 19 Number of staged intervals: 13

Recycled water used in treatment (bbl): 1210 Flowback volume recovered (bbl): 3082

Fresh water used in treatment (bbl): 95889 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2838800 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/06/2017 Hours: 24 Bbl oil: 136 Mcf Gas: 181 Bbl H2O: 476

Calculated 24 hour rate: Bbl oil: 136 Mcf Gas: 181 Bbl H2O: 476 GOR: 1331

Test Method: FLOWING Casing PSI: 1310 Tubing PSI: _____ Choke Size: 14

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1318 API Gravity Oil: 53

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: 8004 Bottom: 12914 No. Holes: 312 Hole size: 0.46
 Provide a brief summary of the formation treatment: _____ Open Hole:

CODELL: 8004-11,011; 11,328-11,537; 11,994-12,914

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:
 THIS WELL HAD A DELAYED COMPLETION. THE TPZ FOOTAGES ON FORM 5 ARE CORRECT.
 SEE ATTACHMENT FOR COPY OF WELL PATH THROUGH FORMATIONS.

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
401209072	OTHER

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)