

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:

401255154

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 05-123-41554-00
6. County: WELD
7. Well Name: CARTER
Well Number: 35C-33HZ
8. Location: QtrQtr: NENW Section: 33 Township: 2N Range: 66W 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: 8890 Bottom: 8927 No. Holes: 936 Hole size: 0.44

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

CARLILE: 8890-8927;

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: 03/16/2017		End Date: 03/21/2017		Date of First Production this formation: 04/05/2017	
Perforations	Top: 7943	Bottom: 12798	No. Holes: 936	Hole size: 0.44	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
PERF AND FRAC FROM 7943-12798. 19 BBL 7.5% HCL ACID, 7,275 BBL PUMP DOWN, 95,494 BBL SLICKWATER, - 102,788 BBL TOTAL FLUID 2,568,438# 40/70 OTTAWA/ST. PETERS, - 2,568,438# TOTAL SAND.					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Total fluid used in treatment (bbl): 102788		Max pressure during treatment (psi): 7193			
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: 40			
Recycled water used in treatment (bbl): 10280		Flowback volume recovered (bbl): 994			
Fresh water used in treatment (bbl): 92489		Disposition method for flowback: RECYCLE			
Total proppant used (lbs): 2568438		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 04/17/2017	Hours: 24	Bbl oil: 125	Mcf Gas: 199	Bbl H2O: 270	
Calculated 24 hour rate:	Bbl oil: 125	Mcf Gas: 199	Bbl H2O: 270	GOR: 1592	
Test Method: FLOWING	Casing PSI: 1900	Tubing PSI: _____	Choke Size: 14/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1296	API Gravity Oil: 53		
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: CODELL Status: COMMINGLED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 7943 Bottom: 12798 No. Holes: 936 Hole size: 0.44
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

CODELL: 7943-8890; 8927-12,798;

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 SHOULD BE REVISED TO 292 FNL, 1398 FWL SEC 33.

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

401255193 OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)