

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:

401299681

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 05-123-41297-00

7. Well Name: WHISPER ROCK

8. Location: QtrQtr: SENE Section: 26 Township: 4N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 4N-25HZ

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/10/2017 End Date: 04/28/2017 Date of First Production this formation: 05/22/2017
Perforations Top: 7610 Bottom: 13424 No. Holes: 1344 Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole: ☐

"PERF AND FRAC FROM 7,234-13,424
1,067 BBL 7.5% HCL ACID, 10,548 BBL PUMP DOWN, 203,064 BBL SLICKWATER, - 214,678 TOTAL FLUID
1,749,300# 40/70, - 1,749,300# TOTAL SAND."

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

Total fluid used in treatment (bbl): 214678

Max pressure during treatment (psi): 7861

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): 1067

Number of staged intervals: 56

Recycled water used in treatment (bbl): 6018

Flowback volume recovered (bbl): 13330

Fresh water used in treatment (bbl): 207593

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1749300

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/31/2017 Hours: 24 Bbl oil: 29 Mcf Gas: 68 Bbl H2O: 296
Calculated 24 hour rate: Bbl oil: 29 Mcf Gas: 68 Bbl H2O: 296 GOR: 2345
Test Method: FLOWING Casing PSI: 1950 Tubing PSI: _____ Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1327 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.

Comment:

THIS WELL HAD A DELAYED COMPLETION. THE TPZ FOOTAGES ON FORM 5 SHOULD BE REVISED TO 1572 FNL; 1099 FEL SEC 26.

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)