

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:

401301166

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 05-123-41301-00
6. County: WELD
7. Well Name: WHISPER ROCK
Well Number: 1C-25HZ
8. Location: QtrQtr: SENE Section: 26 Township: 4N Range: 68W 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: 11064 Bottom: 12145 No. Holes: 336 Hole size: 0.46
Provide a brief summary of the formation treatment: Open Hole: ☐

CARLILE: 11,064-12,145;

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: 04/11/2017 | | End Date: 04/24/2017 | | Date of First Production this formation: 05/24/2017 | |
| Perforations | Top: 7896 | Bottom: 13685 | No. Holes: 336 | Hole size: 0.46 | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| "PERF AND FRAC FROM 7896-13,685. 24 BBL 7.5% HCL ACID, 2,391 BBL PUMP DOWN, 104,628 BBL SLICKWATER, - 107,043 TOTAL FLUID 3,188,900# 40/70 PREMIUM, - 3,188,900# TOTAL SAND. | | | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Total fluid used in treatment (bbl): 107043 | | | Max pressure during treatment (psi): 7113 | | |
| 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): 0.78 | | |
| Total acid used in treatment (bbl): 24 | | | Number of staged intervals: 14 | | |
| Recycled water used in treatment (bbl): 450 | | | Flowback volume recovered (bbl): 1104 | | |
| Fresh water used in treatment (bbl): 106569 | | | Disposition method for flowback: RECYCLE | | |
| Total proppant used (lbs): 3188900 | | | 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 | | | | | |
| Test Information: | | | | | |
| Date: 06/11/2017 | Hours: 24 | Bbl oil: 52 | Mcf Gas: 64 | Bbl H2O: 284 | |
| Calculated 24 hour rate: | Bbl oil: 52 | Mcf Gas: 64 | Bbl H2O: 284 | GOR: 1231 | |
| Test Method: FLOWING | Casing PSI: 1800 | Tubing PSI: _____ | Choke Size: 14/64 | | |
| 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: <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: 7896 Bottom: 13685 No. Holes: 336 Hole size: 0.46
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

CODELL: 7896-11,064; 12,145-13,685;

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 ESTIMATED TPZ FOOTAGES ON FORM 5 SHOULD BE REVISED TO 823 FNL, 1101 FEL SEC 26.

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 |
|-------------|-------|
| 401301208 | 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)