

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401239581 Date Received: 04/10/2017

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 05-123-41795-00 6. County: WELD 7. Well Name: TEDFORD Well Number: 3C-28HZ 8. Location: QtrQtr: SESW Section: 28 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: 7921 Bottom: 10177 No. Holes: 1080 Hole size: 0.44

Provide a brief summary of the formation treatment: Open Hole: [ ]

CARLILE: 7921-8008; 9694-10,177;

This formation is commingled with another formation: [X] 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 Status: COMMINGLED Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 8008 Bottom: 13185 No. Holes: 1080 Hole size: 0.44

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

CODELL: 8008-8047; 8262-8533; 8997-9694; 10,177-11,458; 12,353-13,185;

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: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 8047 Bottom: 12353 No. Holes: 1080 Hole size: 0.44

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

FT HAYS: 8047-8262; 8533-8794; 11,458-12,353;

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: NIOBRARA Status: COMMINGLED Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7827 Bottom: 8997 No. Holes: 1080 Hole size: 0.44

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NIOBRARA: 7827-7921; 8794-8997;

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: NIOBRARA-FORT HAYS-CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/26/2017 End Date: 03/04/2017 Date of First Production this formation: 03/13/2017  
Perforations Top: 7827 Bottom: 13185 No. Holes: 1080 Hole size: 0.44

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

PERF AND FRAC FROM 7827-13,185.  
145 BBL 7.5% HCL ACID, 9,298 BBL PUMP DOWN, 109,067 BBL SLICKWATER, - 118,510 BBL TOTAL FLUID  
2,914,920# 40/70 OTTAWA/ST. PETERS, - 2,914,920# TOTAL SAND.

This formation is commingled with another formation:  Yes  No  
Total fluid used in treatment (bbl): 118510 Max pressure during treatment (psi): 7850  
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): 0.84  
Total acid used in treatment (bbl): 145 Number of staged intervals: 45  
Recycled water used in treatment (bbl): 1650 Flowback volume recovered (bbl): 230  
Fresh water used in treatment (bbl): 116715 Disposition method for flowback: RECYCLE  
Total proppant used (lbs): 2914920 Rule 805 green completion techniques were utilized:   
Reason why green completion not utilized:

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: 04/08/2017 Hours: 24 Bbl oil: 107 Mcf Gas: 165 Bbl H2O: 468  
Calculated 24 hour rate: Bbl oil: 107 Mcf Gas: 165 Bbl H2O: 468 GOR: 1542  
Test Method: FLOWING Casing PSI: 1250 Tubing PSI: Choke Size: 35/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1284 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.

Comment:  
THIS WELL HAD A DELAYED COMPLETION. THE TPZ FOOTAGES ON FORM 5 SHOULD BE REVISED TO 200 FNL, 2173 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: 4/10/2017 Email: ila.beale@anadarko.com

**Attachment Check List**

Att Doc Num	Name
401239581	FORM 5A SUBMITTED
401239590	OTHER

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 7 - missing Mar-Aug 2016, Feb 2017 Form 5A, Doc #401239581 has been approved for NBRR-FTHYS-CODL-CARL	10/27/2017

Total: 1 comment(s)