

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:

401050470

Date Received:

05/25/2016

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: <u>47120</u>	4. Contact Name: <u>ILA BEALE</u>
2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6408</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>ila.beale@anadarko.com</u>

5. API Number <u>05-123-40748-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>GOODIN</u>	Well Number: <u>38N-A6HZ</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>7</u> Township: <u>1N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/04/2016 End Date: 03/12/2016 Date of First Production this formation: 05/04/2016
Perforations Top: 7641 Bottom: 13367 No. Holes: 692 Hole size: 0.46

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

"PERF AND FRAC FROM 7641-13,367.
345 BBL 7.5% HCL ACID, 71,727 BBL SLICKWATER, 6,462 BBL WATER, - 78,534 BBL TOTAL FLUID
265,363# 100 MESH UNSPECIFIED, 1,488,105# 40/70 PREMIUM, - 1,753,468# TOTAL SAND."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 78534

Max pressure during treatment (psi): 7659

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): 0.91

Total acid used in treatment (bbl): 345

Number of staged intervals: 29

Recycled water used in treatment (bbl): 150

Flowback volume recovered (bbl): 2312

Fresh water used in treatment (bbl): 78039

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1753468

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/13/2016 Hours: 24 Bbl oil: 151 Mcf Gas: 210 Bbl H2O: 177

Calculated 24 hour rate: Bbl oil: 151 Mcf Gas: 210 Bbl H2O: 177 GOR: 1391

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1205 API Gravity Oil: 47

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:

7.5% HCL acid was used in a plug and perf operation for this well.

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: 5/25/2016 Email: ila.beale@anadarko.com

Attachment Check List

Att Doc Num	Name
401050470	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Incorporated operator's comment into the Formation Information tab Form 7 missing Sept 2017 Form 5A, Doc #401050470 has been approved for NBRR	01/02/2018

Total: 1 comment(s)