

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:

400932593

Date Received:

11/12/2015

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 05-123-40889-00

6. County: WELD

7. Well Name: HUNZIKER  
Well Number: 28N-4HZ

8. Location: QtrQtr: SWSE Section: 28 Township: 2N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/21/2015 End Date: 10/24/2015 Date of First Production this formation: 10/31/2015  
Perforations Top: 8077 Bottom: 13638 No. Holes: 0 Hole size: \_\_\_\_\_

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

"COMPLETED THROUGH AN OPEN HOLE LINER FROM 8077-13,638.  
12 BBL ACID, 7,819 BBL CROSSLINK GEL, 10,718 BBL LINEAR GEL, 138,736 BBL SLICKWATER, - 157,285 BBL TOTAL FLUID  
1,594,590# 40/70 GENOA/SAND HILLS, - 1,594,590# TOTAL SAND."

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 157285 Max pressure during treatment (psi): 7905

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): 0.88

Total acid used in treatment (bbl): 12 Number of staged intervals: 40

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1772

Fresh water used in treatment (bbl): 157273 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 1594590 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

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

#### Test Information:

Date: 11/09/2015 Hours: 24 Bbl oil: 82 Mcf Gas: 156 Bbl H2O: 169

Calculated 24 hour rate: Bbl oil: 82 Mcf Gas: 156 Bbl H2O: 169 GOR: 1902

Test Method: FLOWING Casing PSI: 1750 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1348 API Gravity Oil: 49

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: \_\_\_\_\_

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: 11/12/2015 Email: rscdjpostdrill@anadarko.com

### Attachment Check List

Att Doc Num	Name
400932593	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 7 missing Sept 2017 Form 5A, Doc#400932593 has been approved for NBRR	01/16/2018

Total: 1 comment(s)