

**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:  
400948222

Date Received:  
12/09/2015

**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: <u>47120</u>	4. Contact Name: <u>ILA BEALE</u>
2. Name of Operator: <u>KERR MCGEE OIL &amp; 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>05-069-06479-00</u>	6. County: <u>LARIMER</u>
7. Well Name: <u>ENCORE</u>	Well Number: <u>1C-12HZ</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>12</u> Township: <u>5N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

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

Treatment Date: 10/28/2015 End Date: 11/02/2015 Date of First Production this formation: 11/23/2015

Perforations Top: 8008 Bottom: 14054 No. Holes: 500 Hole size: 0.46

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

"PERF AND FRAC FROM 8008-14,054.  
24 BBL ACID, 103,331 BBL SLICKWATER, 5,560 BBL WATER, - 108,915 BBL TOTAL FLUID  
3,302,290# 40/70 OTTAWA/ST. PETERS, - 3,302,290# TOTAL SAND.  
ENTERED: CARLILE 8008-8187;  
CODELL 8187-12,772; 13,367-14,054;  
FT. HAYS 12,7772-13,367;  
THIS IS A DESIGNATED SOURCE OF SUPPLY WELL  
(SEE ATTACHMENT)"

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 108915

Max pressure during treatment (psi): 7458

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): 0.77

Total acid used in treatment (bbl): 24

Number of staged intervals: 20

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 419

Fresh water used in treatment (bbl): 108891

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3302290

Rule 805 green completion techniques were utilized:

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

**Fracture stimulations must be reported on [FracFocus.org](http://FracFocus.org)**

#### Test Information:

Date: 12/04/2015 Hours: 24 Bbl oil: 211 Mcf Gas: 216 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 211 Mcf Gas: 216 Bbl H2O: 1 GOR: 1024

Test Method: FLOWING Casing PSI: 1350 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1366 API Gravity Oil: 45

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: 12/9/2015 Email: ila.beale@anadarko.com

## Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400948222	FORM 5A SUBMITTED
400948226	OTHER

Total Attach: 2 Files

## General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator: Carlile formation needs to be corrected to 8008-8187 from CARLILE 7888-8187 Form 5A, Doc #400948222 has been approved for FTHYS-CODL-CARL	01/10/2018

Total: 1 comment(s)