

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:

401855535

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: Callie Fiddes  
Phone: (720) 929-4361  
Fax:  
Email: Callie.Fiddes@Anadarko.com

5. API Number 05-123-46260-00  
6. County: WELD  
7. Well Name: QUARTER CIRCLE  
Well Number: 24-8HZ  
8. Location: QtrQtr: SESW Section: 24 Township: 1N Range: 67W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 11534 Bottom: 17316 No. Holes: 606 Hole size: 0.44

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

Carlile: 11534-11870, 16906-17316

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: <u>CARLILE-CODELL-FORT HAYS</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>08/12/2018</u>		End Date: <u>08/20/2018</u>		Date of First Production this formation: <u>11/21/2018</u>	
Perforations	Top: <u>7995</u>	Bottom: <u>17684</u>	No. Holes: <u>606</u>	Hole size: <u>0.44</u>	

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

PERF AND FRAC FROM 7995-17684.  
  
 379 BBL 7.5% HCL ACID, 9,607 BBL PUMP DOWN, 171,778 BBL SLICKWATER, 181,764 TOTAL FLUID, 5,180,535# 40/70 GENOA/SAND HILLS, 5,180,535# TOTAL SAND.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): <u>181764</u>	Max pressure during treatment (psi): <u>7787</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.30</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.83</u>
Total acid used in treatment (bbl): <u>379</u>	Number of staged intervals: <u>26</u>
Recycled water used in treatment (bbl): <u>1630</u>	Flowback volume recovered (bbl): <u>9064</u>
Fresh water used in treatment (bbl): <u>179755</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>5180535</u>	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: <u>12/14/2018</u>	Hours: <u>24</u>	Bbl oil: <u>277</u>	Mcf Gas: <u>471</u>	Bbl H2O: <u>69</u>
Calculated 24 hour rate:	Bbl oil: <u>277</u>	Mcf Gas: <u>471</u>	Bbl H2O: <u>69</u>	GOR: <u>1700</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>2200</u>	Tubing PSI: <u>1900</u>	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1229</u>	API Gravity Oil: <u>54</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7631</u>	Tbg setting date: <u>12/09/2018</u>	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: FRACTURE STIMULATION

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

Perforations Top: 8547 Bottom: 17672 No. Holes: 606 Hole size: 0.44

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

Codell: 8547-8850, 9119-10534, 10645-11196, 11870-16906, 17316-17672

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: 7995 Bottom: 17684 No. Holes: 606 Hole size: 0.44

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

Fort Hays: 7995-8547, 8850-9119, 10534-10645, 11196-11534, 17672-17684

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 681' FSL, 2110' FWL, Sec 24.

Anadarko certifies compliance with rule 317.s.

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: Callie Fiddes

Title: Regulatory Analyst Date: Email: Callie.Fiddes@Anadarko.com

## Attachment Check List

**Att Doc Num** **Name**

401855654 OTHER

Total Attach: 1 Files

## General Comments

**User Group** **Comment**

**Comment Date**

Stamp Upon Approval

Total: 0 comment(s)