

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

403947809

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. ECMC 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: Christina Hirtler

Phone: (720) 929-6301

Fax:

Email: christina_hirtler@oxy.com

5. API Number 05-123-51899-00

7. Well Name: CAMENISCH

8. Location: QtrQtr: NWSE Section: 33 Township: 4N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 33-6HZ

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 08/26/2024 End Date: 09/07/2024 Date this Formation was Completed: _____
Perforations Top: 8204 Bottom: 19454 No. Holes: 672 Hole size: 0.46 Open Hole: ☐

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

24 BBL 7.5% HCL ACID; 10,822 BBL PUMP DOWN; 397,707 BBL SLICKWATER; 408,553 BBL TOTAL FLUID; 11,799,536 LBS 30/50 GENOA/SAND HILLS; 437,985 LBS 100 MESH GENOA/SAND HILLS; 12,237,521 LBS TOTAL PROPPANT.

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

Total fluid used in treatment (bbl): 408553 Max pressure during treatment (psi): 8768
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.93
Total acid used in treatment (bbl): 24 Number of staged intervals: 28
Recycled or Reused Fluids used in treatment (bbl): 7988 Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 400541 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 12237521

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ 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:

The estimated TPZ footages on the Form 5 should be revised to 2130'FSL 223'FWL.
This well was immediately shut in after frac and therefore does not have a date of first production, flowback volumes or test data yet.
Another 5A will be submitted when the well is turned on to production.

Kerr-McGee certifies compliance with Rule 408.u.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Christina Hirtler
Title: Regulatory Date: _____ Email: christina_hirtler@oxy.com
:

ATTACHMENT LIST

Att Doc Num Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)