

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:  
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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: <u>47120</u>	4. Contact Name: <u>Christina Hirtler</u>
2. Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6301</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>christina_hirtler@oxy.com</u>

5. API Number <u>05-123-51900-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>CAMENISCH</u>	Well Number: <u>33-7HZ</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>33</u> Township: <u>4N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

## Completed Interval

FORMATION: NIOBRARA Status: SHUT IN Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 08/26/2024 End Date: 09/07/2024 Date this Formation was Completed: \_\_\_\_\_

Perforations Top: 8428 Bottom: 17846 No. Holes: 840 Hole size: 0.41 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 15% HCL ACID; 331 Y007-FB ACID; 97 BBL 7.5% HCL ACID; 14,453 BBL PUMP DOWN; 422,719 BBL SLICKWATER; 437,624 BBL TOTAL FLUID; 1,032,240 LBS 100 MESH GENOA/SAND HILLS; 12,909,810 LBS 40/140 CAPITAL SAND; 13,942,050 LBS TOTAL PROPPANT.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 437624 Max pressure during treatment (psi): 8291

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): 0.97

Total acid used in treatment (bbl): 452 Number of staged intervals: 28

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): 410115 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 13942050

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

### Test Information:

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:

The estimated TPZ footages on the Form 5 should be revised to 2324'FSL 656'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**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)