

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:

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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. OGCC Operator Number: 47120

4. Contact Name: Katie Kistner

2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Phone: (720) 9294317

3. Address: P O BOX 173779

Fax:

City: DENVER State: CO Zip: 80217-

5. API Number 05-123-36816-00

6. County: WELD

7. Well Name: GOBBLER

Well Number: 2C-23HZ

8. Location: QtrQtr: SWSE Section: 23 Township: 2N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/25/2013 End Date: 09/26/2013 Date of First Production this formation: 10/04/2013

Perforations Top: 7878 Bottom: 11968 No. Holes: 0 Hole size: _____

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

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7878-11968.
8907 BBL CROSSLINK GEL, 1664 BBL LINEAR GEL, 69753 BBL SLICKWATER, 80324 BBL TOTAL FLUID
266930# 30/50 OTTAWA/ST. PETERS SAND, 1660318# 40/70 OTTAWA/ST. PETERS SAND, 1927248# TOTAL SAND.

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

Total fluid used in treatment (bbl):	80324	Max pressure during treatment (psi):	7302
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):	0.85
Total acid used in treatment (bbl):	0	Number of staged intervals:	32
Recycled water used in treatment (bbl):	0	Flowback volume recovered (bbl):	7796
Fresh water used in treatment (bbl):	0	Disposition method for flowback:	DISPOSAL
Total proppant used (lbs):	1927248	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: 10/11/2013	Hours: 24	Bbl oil: 162	Mcf Gas: 302	Bbl H2O: 87
Calculated 24 hour rate:	Bbl oil: 162	Mcf Gas: 302	Bbl H2O: 87	GOR: 1864
Test Method: FLOWING	Casing PSI: 1961	Tubing PSI: 1535	Choke Size: 12/64	
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1271	API Gravity Oil: 48	
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7442	Tbg setting date: 10/08/2013	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: Katie Kistner
Title: Regulatory Analyst Date: _____ Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Name
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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)