

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:

400511258

Date Received:

11/13/2013

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.

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|--|----------------------------------|
| 1. OGCC Operator Number: 47120 | 4. Contact Name: JOEL MALEFYT |
| 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP | Phone: (720) 929-6828 |
| 3. Address: P O BOX 173779 | Fax: (720) 929-7828 |
| City: DENVER State: CO Zip: 80217- | Email: JOEL.MALEFYT@ANADARKO.COM |

| | |
|---|-------------------|
| 5. API Number 05-123-26360-00 | 6. County: WELD |
| 7. Well Name: DACONO STATE | Well Number: 7-36 |
| 8. Location: QtrQtr: SWNE Section: 36 Township: 2N Range: 68W Meridian: 6 | |
| 9. Field Name: WATTENBERG | Field Code: 90750 |

Completed Interval

| | | | | | |
|-----------------------------------|------------------|-----------------------------|----------------------|--|--|
| FORMATION: <u>CODELL</u> | | Status: <u>COMMINGLED</u> | | Treatment Type: <u>FRACTURE STIMULATION</u> | |
| Treatment Date: <u>09/11/2013</u> | | End Date: <u>09/11/2013</u> | | Date of First Production this formation: <u>12/24/2008</u> | |
| Perforations | Top: <u>7706</u> | Bottom: <u>7726</u> | No. Holes: <u>60</u> | Hole size: <u>0.38</u> | |

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

CODELL REFRAC
 4682 BBL SLICKWATER, 4682 BBL TOTAL FLUID.
 150700# 40/70 SAND, 4000# 20/40 SAND, 154700# TOTAL SAND.

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

| | |
|--|---|
| Total fluid used in treatment (bbl): <u>4682</u> | Max pressure during treatment (psi): <u>4925</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>0</u> | Number of staged intervals: <u>1</u> |
| Recycled water used in treatment (bbl): <u>0</u> | Flowback volume recovered (bbl): <u>279</u> |
| Fresh water used in treatment (bbl): <u>0</u> | Disposition method for flowback: <u>DISPOSAL</u> |
| Total proppant used (lbs): <u>154700</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: _____ | 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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: 12/24/2008

Perforations Top: 7487 Bottom: 7726 No. Holes: 120 Hole size: 0.38

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

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: 10/25/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 10 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 10 Bbl H2O: 0 GOR: _____

Test Method: FLOWING Casing PSI: 1026 Tubing PSI: 960 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1237 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7668 Tbg setting date: 09/23/2013 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: JOEL MALEFYT

Title: REGULATORY ANALYST Date: 11/13/2013 Email: RSCDJPOSTDRILL@ANADARKO.COM

Attachment Check List

Att Doc Num **Name**

400511258 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)