

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400512582

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.

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 05-123-29021-00	6. County: WELD
7. Well Name: STATE	Well Number: 14-16
8. Location: QtrQtr: NESW Section: 16 Township: 1N 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>09/22/2013</u>		End Date: <u>09/22/2013</u>		Date of First Production this formation: <u>06/29/2009</u>	
Perforations	Top: <u>8104</u>	Bottom: <u>8122</u>	No. Holes: <u>72</u>	Hole size: <u>0.38</u>	

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

CODELL REFRAC  
 4809 BBL SLICKWATER, 4809 BBL TOTAL FLUID.  
 150480# 40/70 SAND, 4000# 20/40 SAND, 154480# TOTAL SAND.

This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>4809</u>	Max pressure during treatment (psi): <u>4693</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>0.82</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>738</u>	
Fresh water used in treatment (bbl): <u>0</u>	Disposition method for flowback: <u>DISPOSAL</u>	
Total proppant used (lbs): <u>154480</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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 06/29/2009

Perforations Top: 7856 Bottom: 8122 No. Holes: 132 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: 11/08/2013 Hours: 24 Bbl oil: 16 Mcf Gas: 42 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 16 Mcf Gas: 42 Bbl H2O: 0 GOR: 2625

Test Method: FLOWING Casing PSI: 1478 Tubing PSI: 1148 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1369 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8076 Tbg setting date: 09/27/2013 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**

400512582 FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

--	--	--

Total: 0 comment(s)