

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

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: Katie Kistner

Phone: (720) 9294317

Fax:

Email: katie.kistner@anadarko.com

5. API Number 05-123-36225-00

7. Well Name: GITTLEIN

8. Location: QtrQtr: SESW Section: 33 Township: 2N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 3N-28HZ

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/20/2014 End Date: 01/29/2014 Date of First Production this formation: 02/28/2014

Perforations Top: 7590 Bottom: 14031 No. Holes: 528 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF AND FRAC FROM 7590-14031.
310 BBL ACID,188072 BBL SLICKWATER,5783 BBL WATER,194165 BBL TOTAL FLUID.
5932015# 40/70 GENOA/SAND HILLS,5932015# TOTAL SAND.

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

Total fluid used in treatment (bbl): 194165

Max pressure during treatment (psi): 7729

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): 0.86

Total acid used in treatment (bbl): 310

Number of staged intervals: 23

Recycled water used in treatment (bbl): 8608

Flowback volume recovered (bbl): 17666

Fresh water used in treatment (bbl): 185247

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 5932015

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/05/2014 Hours: 24 Bbl oil: 195 Mcf Gas: 272 Bbl H2O: 10

Calculated 24 hour rate: Bbl oil: 195 Mcf Gas: 272 Bbl H2O: 10 GOR: 1394

Test Method: FLOWING Casing PSI: 1600 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1231 API Gravity Oil: 48

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:

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

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)