

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: KENNY TRUEAX
Phone: (720) 929-6383
Fax:
Email: RSCDJPOSTDRILL@ANADARKO.COM

5. API Number 05-123-30684-00
6. County: WELD
7. Well Name: NELSON
Well Number: 7-35
8. Location: QtrQtr: NWNE Section: 35 Township: 2N Range: 68W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/23/2013 End Date: 10/23/2013 Date of First Production this formation: 04/21/2010

Perforations Top: 7828 Bottom: 7848 No. Holes: 60 Hole size: 0.38

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

Re-frac Codell w/150,040# 40/70, 4,000# Super LC and 4735 bbl SW
*85 bbls flowback recovered before well died and pep. for swabbing

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

Total fluid used in treatment (bbl): 4735 Max pressure during treatment (psi): 4816

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): 0.82

Total acid used in treatment (bbl): Number of staged intervals: 1

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 85

Fresh water used in treatment (bbl): 4735 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 154040 Rule 805 green completion techniques were utilized: ☐

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: 04/19/2010

Perforations Top: 7535 Bottom: 7848 No. Holes: 142 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: 03/12/2014 Hours: 24 Bbl oil: 2 Mcf Gas: 42 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 2 Mcf Gas: 42 Bbl H2O: 0 GOR: 18750

Test Method: Flowing Casing PSI: 225 Tubing PSI: 174 Choke Size: _____

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1227 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7792 Tbg setting date: 11/22/2013 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: KENNETH TRUEAX

Title: SR. 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**

Total: 0 comment(s)