

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:
400627712

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.

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| 1. OGCC Operator Number: <u>47120</u> | 4. Contact Name: <u>Katie Kistner</u> |
| 2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u> | Phone: <u>(720) 9294317</u> |
| 3. Address: <u>P O BOX 173779</u> | Fax: _____ |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u> | Email: <u>katie.kistner@anadarko.com</u> |

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|---|-----------------------------|
| 5. API Number <u>05-123-38027-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>HIGHWAY 160</u> | Well Number: <u>38N-2HZ</u> |
| 8. Location: QtrQtr: <u>NWNE</u> Section: <u>2</u> Township: <u>1N</u> Range: <u>66W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>WATTENBERG</u> | Field Code: <u>90750</u> |

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 05/12/2014 End Date: 05/14/2014 Date of First Production this formation: 06/15/2014
Perforations Top: 7930 Bottom: 12599 No. Holes: 0 Hole size: 0
Provide a brief summary of the formation treatment: _____ Open Hole:

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7930-12599.
48 BBL ACID, 21279 BBL CROSSLINK GEL, 2651 BBL LINEAR GEL, 106154 BBL SLICKWATER, 130132 BBL TOTAL FLUID.
628187# 30/50 OTTAWA/ST. PETERS SAND, 3197508# 40/70 GENOA/SAND HILLS SAND, 3825695# TOTAL SAND.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 130132 Max pressure during treatment (psi): 7209
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): 0.84
Total acid used in treatment (bbl): 48 Number of staged intervals: 39
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1841
Fresh water used in treatment (bbl): 130084 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 3825695 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/16/2014 Hours: 24 Bbl oil: 96 Mcf Gas: 245 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 96 Mcf Gas: 245 Bbl H2O: 0 GOR: 2552
Test Method: FLOWING Casing PSI: 1400 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1377 API Gravity Oil: 47
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

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)