

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:
400672770

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>05-123-38625-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>ELLIOTT</u> | Well Number: <u>31N-18HZ</u> |
| 8. Location: QtrQtr: <u>NENE</u> Section: <u>18</u> Township: <u>3N</u> Range: <u>67W</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: 08/02/2014 End Date: 08/03/2014 Date of First Production this formation: 08/21/2014
Perforations Top: 7436 Bottom: 11926 No. Holes: 0 Hole size: 0
Provide a brief summary of the formation treatment: _____ Open Hole:

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7436-11926.
14377 BBL CROSSLINK GEL,2521 BBL LINEAR GEL,73169 BBL SLICKWATER,90067 BBL TOTAL FLUID.
399806# 30/50 OTTAWA/ST. PETERS,2093943# 40/70 GENOA/SAND HILLS,2493749# TOTAL SAND.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 90067 Max pressure during treatment (psi): 7170
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): 0.91
Total acid used in treatment (bbl): 0 Number of staged intervals: 36
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 699
Fresh water used in treatment (bbl): 90067 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 2493749 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/27/2014 Hours: 24 Bbl oil: 152 Mcf Gas: 259 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 152 Mcf Gas: 259 Bbl H2O: 0 GOR: 1704
Test Method: FLOWING Casing PSI: 900 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1374 API Gravity Oil: 50
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 |
|-------------|------|
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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)