

**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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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: <u>47120</u>	4. Contact Name: <u>ILA BEALE</u>
2. Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6408</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>ila.beale@anadarko.com</u>

5. API Number <u>05-123-39093-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>NRC STATE</u>	Well Number: <u>26N-8HZ</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>8</u> Township: <u>1N</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: 09/06/2014 End Date: 09/07/2014 Date of First Production this formation: 09/26/2014  
Perforations Top: 8108 Bottom: 12717 No. Holes: 0 Hole size: 0  
Provide a brief summary of the formation treatment: Open Hole:

"COMPLETED THROUGH AN OPEN HOLE LINER FROM 8108-12,717.  
24 BBL ACID, 6,120 BBL CROSSLINK GEL, 797 BBL LINEAR GEL, 80,394 BBL SLICKWATER, - 87,334 BBL TOTAL FLUID  
1,996,118# 100 MESH UNSPECIFIED, 166,910# 30/50 OTTAWA/ST. PETERS, - 2,163,028# TOTAL SAND."

This formation is commingled with another formation:  Yes  No  
Total fluid used in treatment (bbl): 87334 Max pressure during treatment (psi): 7525  
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): 0.82  
Total acid used in treatment (bbl): 24 Number of staged intervals: 37  
Recycled water used in treatment (bbl): 5629 Flowback volume recovered (bbl): 939  
Fresh water used in treatment (bbl): 81682 Disposition method for flowback: RECYCLE  
Total proppant used (lbs): 2163028 Rule 805 green completion techniques were utilized:   
Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 10/03/2014 Hours: 24 Bbl oil: 214 Mcf Gas: 376 Bbl H2O: 199  
Calculated 24 hour rate: Bbl oil: 214 Mcf Gas: 376 Bbl H2O: 199 GOR: 1757  
Test Method: FLOWING Casing PSI: 1000 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1258 API Gravity Oil: 51  
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: ILA BEALE  
Title: STAFF REG. SPECIALIST 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>

Total: 0 comment(s)