

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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400728620

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>ILA BEALE</u> |
| 2. Name of Operator: <u>KERR MCGEE OIL & 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> |

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|-------------------------------------------------------------------------------------------------------------|----------------------------|
| 5. API Number <u>05-123-38627-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>NRC</u> | Well Number: <u>4N-4HZ</u> |
| 8. Location: QtrQtr: <u>SWSW</u> Section: <u>9</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: 09/08/2014 End Date: 09/16/2014 Date of First Production this formation: 11/05/2014
Perforations Top: 7984 Bottom: 16935 No. Holes: 1080 Hole size: 0.46

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

"PERF AND FRAC FROM 7984-16,935.
238 BBL ACID, 177,623 BBL SLICKWATER, - 177,861 BBL TOTAL FLUID
4,895,653# 40/70 GENOA/SAND HILLS, - 4,895,653# TOTAL SAND."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 177861

Max pressure during treatment (psi): 7318

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): 0.81

Total acid used in treatment (bbl): 238

Number of staged intervals: 46

Recycled water used in treatment (bbl): 21518

Flowback volume recovered (bbl): 1513

Fresh water used in treatment (bbl): 156105

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 4895653

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/09/2014 Hours: 24 Bbl oil: 212 Mcf Gas: 752 Bbl H2O: 252

Calculated 24 hour rate: Bbl oil: 212 Mcf Gas: 752 Bbl H2O: 252 GOR: 3547

Test Method: FLOWING Casing PSI: 1050 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1306 API Gravity Oil: 53

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> |
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Total: 0 comment(s)