

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: ILA BEALE

Phone: (720) 929-6408

Fax:

Email: ila.beale@anadarko.com

5. API Number 05-123-38897-00

7. Well Name: BERRY FARMS

8. Location: QtrQtr: SENE Section: 8 Township: 3N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 32C-8HZ

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 10/19/2014 End Date: 10/20/2014 Date of First Production this formation: 11/27/2014
Perforations Top: 7556 Bottom: 12041 No. Holes: 0 Hole size: _____

Provide a brief summary of the formation treatment:

Open Hole: ☒

"COMPLETED THROUGH AN OPEN HOLE LINER FROM 7556-12,041.
88,768 BBL SLICKWATER, 88,768 BBL TOTAL FLUID
2,213,380# 40/70 GENOA/SAND HILLS, - 2,213,380# TOTAL SAND."

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

Total fluid used in treatment (bbl): 88768

Max pressure during treatment (psi): 7504

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): 0.67

Total acid used in treatment (bbl): 0

Number of staged intervals: 34

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 208

Fresh water used in treatment (bbl): 88768

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2213380

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/27/2014 Hours: 24 Bbl oil: 173 Mcf Gas: 119 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 173 Mcf Gas: 119 Bbl H2O: 0 GOR: 688
Test Method: FLOWING Casing PSI: 1200 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1350 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: 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)