

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:

400615987

Date Received:

06/12/2014

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>Katie Kistner</u>
2. Name of Operator: <u>KERR MCGEE OIL &amp; 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>

5. API Number <u>05-123-38352-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>WAGNER</u>	Well Number: <u>34N-34HZ</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>34</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: 04/25/2014 End Date: 04/27/2014 Date of First Production this formation: 05/22/2014  
Perforations Top: 8008 Bottom: 12083 No. Holes: 0 Hole size: \_\_\_\_\_

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

COMPLETED THROUGH AN OPEN HOLE LINER FROM 8008-12083.  
14862 BBL CROSSLINK GEL, 1291 BBL LINEAR GEL, 100130 BBL SLICKWATER, 116283 BBL TOTAL FLUID.  
356267# 30/50 OTTAWA/ST. PETERS SAND, 2937106# 40/70 GENOA/SAND HILLS, 3293373# TOTAL SAND.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 116283 Max pressure during treatment (psi): 7732

Total gas used in treatment (mcf): \_\_\_\_\_ 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): \_\_\_\_\_ Number of staged intervals: 32

Recycled water used in treatment (bbl): 4926 Flowback volume recovered (bbl): 7722

Fresh water used in treatment (bbl): 111357 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 3293373 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

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

#### Test Information:

Date: 05/24/2014 Hours: 24 Bbl oil: 90 Mcf Gas: 120 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 90 Mcf Gas: 120 Bbl H2O: 0 GOR: 1333

Test Method: FLOWING Casing PSI: 1525 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1410 API Gravity Oil: 46

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: 6/12/2014 Email: rscdjpostdrill@anadarko.com

### Attachment Check List

Att Doc Num	Name
400615987	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)