

FORM
5ARev
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:

400752075

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 4. Contact Name: Kayla Hesseltine
 2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6552
 3. Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217- Email: kayla.hesseltine@anadarko.com

5. API Number 05-123-39132-00 6. County: WELD
 7. Well Name: REYNOLDS CATTLE Well Number: 3C-19HZ
 8. Location: QtrQtr: NENE Section: 23 Township: 3N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 11/02/2014 End Date: 11/11/2014 Date of First Production this formation: 12/11/2014Perforations Top: 7747 Bottom: 14448 No. Holes: 768 Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF AND FRAC FROM 7747-14448.
 12 BBL ACID, 129781 BBL SLICKWATER, 5127 BBL WATER, 134920 BBL TOTAL FLUID.
 3677089# 40/70 GENOA/SAND HILLS, 3677089# TOTAL SAND.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 134920Max pressure during treatment (psi): 7177Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.77Total acid used in treatment (bbl): 12Number of staged intervals: 33Recycled water used in treatment (bbl): 0Flowback volume recovered (bbl): 387Fresh water used in treatment (bbl): 134908Disposition method for flowback: DISPOSALTotal proppant used (lbs): 3677089Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/12/2014 Hours: 24 Bbl oil: 34 Mcf Gas: 95 Bbl H2O: 180Calculated 24 hour rate: Bbl oil: 34 Mcf Gas: 95 Bbl H2O: 180 GOR: 2794Test Method: FLOWING Casing PSI: 530 Tubing PSI: _____ Choke Size: 14/64Gas Disposition: SOLD Gas Type: WET Btu Gas: 1243 API Gravity Oil: 49

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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Kayla Hesseltine

Title: Regulatory Specialist

Date: _____

Email : kayla.hesseltine@anadarko.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)