

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: Kayla Hesseltine  
Phone: (720) 929-6552  
Fax: \_\_\_\_\_  
Email: kayla.hesseltine@anadarko.com

5. API Number 05-123-39375-00

6. County: WELD

7. Well Name: SICKLER  
Well Number: 28N-34HZ

8. Location: QtrQtr: SWSE Section: 34 Township: 2N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

**Completed Interval**

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/01/2015 End Date: 01/03/2015 Date of First Production this formation: 01/16/2015

Perforations Top: 7987 Bottom: 13044 No. Holes: 0 Hole size: \_\_\_\_\_

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

**COMPLETED THROUGH AN OPEN HOLE LINER FROM 7987-13044.**  
47563 BBL CROSSLINK GEL, 14750 BBL SLICKWATER, 62312 BBL TOTAL FLUID.  
3009310# 20/40 PREFERRED/PEARL, 3009310# TOTAL SAND.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 62312 Max pressure during treatment (psi): 7513

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): 0.87

Total acid used in treatment (bbl): 0 Number of staged intervals: 37

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 3625

Fresh water used in treatment (bbl): 62312 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3009310 Rule 805 green completion techniques were utilized:

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

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

**Test Information:**

Date: 01/30/2015 Hours: 24 Bbl oil: 62 Mcf Gas: 88 Bbl H2O: 77

Calculated 24 hour rate: Bbl oil: 62 Mcf Gas: 88 Bbl H2O: 77 GOR: 1419

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1258 API Gravity Oil: 45

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 Hesseltnine

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: kayla.hesseltnine@anadarko.com

### Attachment Check List

**Att Doc Num**      **Name**

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Total Attach: 0 Files

### General Comments

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)