

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 05-123-39376-00

7. Well Name: SICKLER

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

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 1N-34HZ

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 12/19/2014 End Date: 12/21/2014 Date of First Production this formation: 01/17/2015
Perforations Top: 7881 Bottom: 13078 No. Holes: 0 Hole size: _____
Provide a brief summary of the formation treatment: Open Hole: ☒

"COMPLETED THROUGH AN OPEN HOLE LINER FROM 7881-13,078.
71 BBL ACID, 44,456 BBL CROSSLINK GEL, 405 BBL LINEAR GEL, 15,080 BBL SLICKWATER, - 60,012 BBL TOTAL FLUID
2,956,240# 20/40 RESIN, - 2,956,240# TOTAL SAND."

This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): 60012 Max pressure during treatment (psi): 7586
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): 0.88
Total acid used in treatment (bbl): 71 Number of staged intervals: 40
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 3028
Fresh water used in treatment (bbl): 59941 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 2956240 Rule 805 green completion techniques were utilized: ☒
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/26/2015 Hours: 24 Bbl oil: 41 Mcf Gas: 43 Bbl H2O: 137
Calculated 24 hour rate: Bbl oil: 41 Mcf Gas: 43 Bbl H2O: 137 GOR: 1049
Test Method: FLOWING Casing PSI: 1650 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:

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)