



### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/13/2014 End Date: 01/15/2014 Date of First Production this formation: 02/22/2014  
Perforations Top: 7788 Bottom: 12478 No. Holes: 0 Hole size: 0

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

FRAC 36 STAGES. COMPLETED THROUGH AN OPEN HOLE LINER FROM 7788-12478.  
23629 BBL CROSSLINK GEL, 2358 BBL LINEAR GEL, 104049 BBL SLICKWATER, 130036 BBL TOTAL FLUID.  
378286# 40/70 CRC SAND, 2820169# 40/70 GENOA/SAND HILLS SAND, 698515# 30/50 OTTAWA/ST. PETERS SAND, 3896970# TOTAL SAND.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 130036 Max pressure during treatment (psi): 6899  
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): 0.91  
Total acid used in treatment (bbl): 0 Number of staged intervals: 36  
Recycled water used in treatment (bbl): 7064 Flowback volume recovered (bbl): 1133  
Fresh water used in treatment (bbl): 122972 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 3896970 Rule 805 green completion techniques were utilized:

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

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

#### Test Information:

Date: 03/03/2014 Hours: 24 Bbl oil: 221 Mcf Gas: 186 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 221 Mcf Gas: 186 Bbl H2O: 0 GOR: 842  
Test Method: FLOWING Casing PSI: 1700 Tubing PSI: Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 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: Katie Kistner  
Title: Regulatory Analyst Date: 3/13/2014 Email: rscdjpostdrill@anadarko.com

### Attachment Check List

Att Doc Num	Name
400561701	FORM 5A SUBMITTED

Total Attach: 1 Files

## General Comments

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

Total: 0 comment(s)