

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 05-123-39233-00

6. County: WELD

7. Well Name: BAREFOOT
Well Number: 33C-25HZ

8. Location: QtrQtr: NESE Section: 25 Township: 3N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/14/2015 End Date: 01/15/2015 Date of First Production this formation: 01/30/2015

Perforations Top: 7656 Bottom: 12612 No. Holes: 0 Hole size: 0

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

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7656-12612.
36 BBL ACID, 91712 BBL SLICKWATER, 91748 BBL TOTAL FLUID.
2688310# 40/70 GENOA/SAND HILLS, 2688310# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 91748 Max pressure during treatment (psi): 6752

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): 0.82

Total acid used in treatment (bbl): 36 Number of staged intervals: 26

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 7263

Fresh water used in treatment (bbl): 91712 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2688310 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/10/2015 Hours: 24 Bbl oil: 284 Mcf Gas: 400 Bbl H2O: 164

Calculated 24 hour rate: Bbl oil: 284 Mcf Gas: 400 Bbl H2O: 164 GOR: 1408

Test Method: FLOWING Casing PSI: 1585 Tubing PSI: 1095 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1285 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7291 Tbg setting date: 02/03/2015 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 Hesseltime
Title: Regulatory Specialist Date: _____ Email: kayla.hesseltime@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)