

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:

400789836

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 05-123-39126-00

7. Well Name: SPURLING

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

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 35C-34HZ

Completed Interval

| | | | | | |
|---|---|---|---|--|--|
| FORMATION: CODELL-FORT HAYS | | Status: PRODUCING | | Treatment Type: FRACTURE STIMULATION | |
| Treatment Date: 01/10/2015 | | End Date: 01/20/2015 | | Date of First Production this formation: 01/27/2015 | |
| Perforations | Top: 8159 | Bottom: 12139 | No. Holes: 0 | Hole size: _____ | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input checked="" type="checkbox"/> | | |
| <p>COMPLETED THROUGH AN OPEN HOLE LINER FROM 8159-12,139. 24 BBL ACID, 43,247 BBL CROSSLINK GEL, 2,185 BBL LINEAR GEL, 9,952 BBL SLICKWATER, - 55,408 BBL TOTAL FLUID. 2,604,818# 20/40 ECONOPROP, - 2,604,818# TOTAL SAND. THE PORT IN STAGE ONE DID NOT SHIFT AND NO FLUID WAS PUMPED. THE FIRST STIMULATION WAS IN STAGE 2 WHICH HAD THE BOTTOM PACKER AT 11,987'.</p> | | | | | |
| This formation is commingled with another formation: | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Total fluid used in treatment (bbl): 55408 | | Max pressure during treatment (psi): 7765 | | | |
| 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): 0.92 | | | |
| Total acid used in treatment (bbl): 24 | | Number of staged intervals: 30 | | | |
| Recycled water used in treatment (bbl): 0 | | Flowback volume recovered (bbl): 2675 | | | |
| Fresh water used in treatment (bbl): 55384 | | Disposition method for flowback: DISPOSAL | | | |
| Total proppant used (lbs): 2604818 | | Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/> | | | |
| Reason why green completion not utilized: _____ | | | | | |
| Fracture stimulations must be reported on FracFocus.org | | | | | |
| Test Information: | | | | | |
| Date: 02/03/2015 | Hours: 24 | Bbl oil: 115 | Mcf Gas: 210 | Bbl H2O: 203 | |
| Calculated 24 hour rate: | Bbl oil: 115 | Mcf Gas: 210 | Bbl H2O: 203 | GOR: 1826 | |
| Test Method: FLOWING | Casing PSI: 800 | Tubing PSI: _____ | Choke Size: 14/64 | | |
| Gas Disposition: SOLD | Gas Type: WET | Btu Gas: 1230 | API Gravity Oil: 50 | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | |
| Date formation Abandoned: _____ | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ | | | |
| ** Bridge Plug Depth: _____ | | ** Sacks cement on top: _____ | | ** Wireline and Cement Job Summary must be attached. | |

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 8021 Bottom: 12139 No. Holes: 0 Hole size: _____

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

This formation is commingled with another formation: ☒ Yes ☐ No

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

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

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7934 Bottom: 8021 No. Holes: 0 Hole size: _____

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

This formation is commingled with another formation: ☒ Yes ☐ No

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

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

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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

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

Total: 0 comment(s)