

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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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 4. Contact Name: Kayla Hesseltine
 2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6552
 3. Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217- Email: kayla.hesseltine@anadarko.com

5. API Number 05-123-39232-00 6. County: WELD
 7. Well Name: BAREFOOT Well Number: 34C-25HZ
 8. Location: QtrQtr: SESE 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: 01/18/2015 End Date: 01/23/2015 Date of First Production this formation: 02/03/2015
 Perforations Top: 7676 Bottom: 12493 No. Holes: 576 Hole size: 0.46

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

PERF AND FRAC FROM 7676-12493.
24 BBL ACID, 89170 BBL SLICKWATER, 2945 BBL WATER, 92139 BBL TOTAL FLUID.
2537188# 40/70 GENOA/SAND HILLS, 2537188# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 92139 Max pressure during treatment (psi): 6935
 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): 0.83
 Total acid used in treatment (bbl): 24 Number of staged intervals: 24
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 119
 Fresh water used in treatment (bbl): 92115 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 2537188 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: 156 Mcf Gas: 282 Bbl H2O: 8
 Calculated 24 hour rate: Bbl oil: 156 Mcf Gas: 282 Bbl H2O: 8 GOR: 1807
 Test Method: FLOWING Casing PSI: 100 Tubing PSI: _____ Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1285 API Gravity Oil: 49
 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 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)