

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:  
400818779

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: <u>47120</u>	4. Contact Name: <u>ILA BEALE</u>
2. Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6408</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>ila.beale@anadarko.com</u>

5. API Number <u>05-123-39247-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SACK</u>	Well Number: <u>29C-30HZ</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>31</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: CARLILE-CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/27/2015 End Date: 03/12/2015 Date of First Production this formation: 03/22/2015

Perforations Top: 8255 Bottom: 17316 No. Holes: 728 Hole size: 0.37

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

"PERF AND FRAC FROM 8255-17,316.  
119 BBL ACID, 171,298 BBL SLICKWATER, 10,214 BBL WATER, - 181,631 BBL TOTAL FLUID  
5,426,000# 40/70 GENOA/SAND HILLS, - 5,426,000# TOTAL SAND."

Entered Ft Hays: 9,171-9,274; 11,430-11,585; 14,553-15,352  
Carlile: 11,585-12,224  
Codell: 8,196-9,171; 9,275-11,429; 12,225-14,553; 15,353-17,444

This is a Designated Source of Supply well  
(See Attachment)

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 181631

Max pressure during treatment (psi): 7469

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): 119

Number of staged intervals: 31

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 704

Fresh water used in treatment (bbl): 181512

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5426000

Rule 805 green completion techniques were utilized:

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

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

#### Test Information:

Date: 03/24/2015 Hours: 24 Bbl oil: 148 Mcf Gas: 240 Bbl H2O: 332

Calculated 24 hour rate: Bbl oil: 148 Mcf Gas: 240 Bbl H2O: 332 GOR: 1622

Test Method: FLOWING Casing PSI: 1000 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1168 API Gravity Oil: 50

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
400828533	OTHER

Total Attach: 1 Files

## General Comments

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

Total: 0 comment(s)