

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:

400822442

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 05-123-39244-00

7. Well Name: SACK STATE

8. Location: QtrQtr: SWSW Section: 31 Township: 1N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 30C-30HZ

Completed Interval

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

Treatment Date: 02/13/2015 End Date: 02/25/2015 Date of First Production this formation: 03/24/2015

Perforations Top: 8226 Bottom: 17332 No. Holes: 1104 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

"PERF AND FRAC FROM 8226-17,332.
333 BBL ACID, 181,000 BBL SLICKWATER, 18,110 BBL WATER, - 199,443 BBL TOTAL FLUID
4,767,745# 40/70 GENOA/SAND HILLS, - 4,767,745# TOTAL SAND."

WE ENTERED THE FT. HAYS 8147-9896; 10,070-10,967, 11,022-11,092; 11,330-14,553; 15,553-15702;
NIOBRARA 9897-10,070; 11,092-11,329
CODELL 10,968-11,022; 14,554-15,552; 15,702-15,823
CARLILE 15,824-17,415
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): 199443

Max pressure during treatment (psi): 7474

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): 0.81

Total acid used in treatment (bbl): 333

Number of staged intervals: 46

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 17944

Fresh water used in treatment (bbl): 199110

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4767745

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/04/2015 Hours: 24 Bbl oil: 354 Mcf Gas: 776 Bbl H2O: 318

Calculated 24 hour rate: Bbl oil: 354 Mcf Gas: 776 Bbl H2O: 318 GOR: 2192

Test Method: FLOWING Casing PSI: 2440 Tubing PSI: 1912 Choke Size: 14/64

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

Tubing Size: 2.375 Tubing Setting Depth: 7862 Tbg setting date: 03/28/2015 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:

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

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Attachment Check List

Att Doc Num

Name

400828548

OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)