

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:
400823426

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 & 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>05-123-39498-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>CRUICKSHANK</u>	Well Number: <u>1C-24HZ</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>24</u> Township: <u>3N</u> Range: <u>66W</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: 03/19/2015 End Date: 03/23/2015 Date of First Production this formation: 03/28/2014
Perforations Top: 8067 Bottom: 13574 No. Holes: 636 Hole size: 0.37

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

"PERF AND FRAC FROM 8067-13,574.
321 BBL ACID, 98,470 BBL SLICKWATER, - 98,791 BBL TOTAL FLUID
1,002,500# 30/50 OTTAWA/ST. PETERS, 1,750,550# 40/70 OTTAWA/ST. PETERS, - 2,753,050# TOTAL SAND."

ENTERED:
FT HAYS: 7880-7996; 9180-9252; 9456-9621; 11,084-11,220
CODEL: 7997-8501; 8594-9455; 9622-11,083; 11,221-11,451; 11,676-13,574
CARLILE: 8502-8593; 11,452-11,675
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): 98791 Max pressure during treatment (psi): 7222
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): 0.69
Total acid used in treatment (bbl): 321 Number of staged intervals: 18
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 976
Fresh water used in treatment (bbl): 98470 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 2753050 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: 124 Mcf Gas: 590 Bbl H2O: 600
Calculated 24 hour rate: Bbl oil: 124 Mcf Gas: 590 Bbl H2O: 600 GOR: 4758
Test Method: FLOWING Casing PSI: 525 Tubing PSI: _____ Choke Size: 36/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1207 API Gravity Oil: 56
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
400829358	OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)