

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: 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 05-123-39498-00

7. Well Name: CRUICKSHANK

8. Location: QtrQtr: SESE Section: 24 Township: 3N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 1C-24HZ

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)