

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:
400833452

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

5. API Number <u>05-123-40174-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SUMMIT</u>	Well Number: <u>36C-32HZ</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>29</u> Township: <u>2N</u> Range: <u>65W</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: 04/02/2015 End Date: 04/14/2015 Date of First Production this formation: 04/21/2015
Perforations Top: 7925 Bottom: 13044 No. Holes: 408 Hole size: 0.46

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

PERF AND FRAC FROM 7925-13044.
274 BBL ACID, 263085 BBL SLICKWATER, 3104 BBL WATER, 266462 BBL TOTAL FLUID.
9070880# 40/70 UNIMIN CORP, 9070880# TOTAL SAND.

ENTERED CODELL 7796-10121, 10210-11139, 11348-12909
FT HAYS 10121-10210, 12909-13142
CARLILE 11139-11348
SEE ATTACHMENT
THIS IS A DESIGNATED SOURCE OF SUPPLY WELL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 266462 Max pressure during treatment (psi): 7563
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): 0.91
Total acid used in treatment (bbl): 274 Number of staged intervals: 18
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 806
Fresh water used in treatment (bbl): 266189 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 9070880 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/27/2015 Hours: 24 Bbl oil: 198 Mcf Gas: 504 Bbl H2O: 242
Calculated 24 hour rate: Bbl oil: 198 Mcf Gas: 504 Bbl H2O: 242 GOR: 2545
Test Method: FLOWING Casing PSI: 1000 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1337 API Gravity Oil: 47
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: Kayla Hesseltnine
Title: Regulatory Specialist Date: _____ Email: kayla.hesseltnine@anadarko.com

Attachment Check List

Att Doc Num	Name
400833463	OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)