

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:
400833437

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>05-123-40170-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SUMMIT</u>	Well Number: <u>14C-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: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/03/2015 End Date: 04/14/2015 Date of First Production this formation: 04/21/2015
Perforations Top: 7819 Bottom: 12861 No. Holes: 426 Hole size: 0.46

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

PERF AND FRAC FROM 7819-12861.
36 BBL ACID, 133684 BBL SLICKWATER, 2264 BBL WATER, 135984 BBL TOTAL FLUID.
1526100# 100 MESH UNIMIN CORP, 1526100# TOTAL SAND.

ENTERED CODELL 8439-10664 & 10805-12933
FT HAYS 10664-10805
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): 135984 Max pressure during treatment (psi): 7610
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): 0.90
Total acid used in treatment (bbl): 36 Number of staged intervals: 17
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 548
Fresh water used in treatment (bbl): 135949 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 1526100 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/28/2015 Hours: 24 Bbl oil: 148 Mcf Gas: 228 Bbl H2O: 248
Calculated 24 hour rate: Bbl oil: 148 Mcf Gas: 228 Bbl H2O: 248 GOR: 1541
Test Method: FLOWING Casing PSI: 1875 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
400833441	OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)