

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:
400836287

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

5. API Number 05-123-40169-00 6. County: WELD
 7. Well Name: SUMMIT Well Number: 28C-29HZ
 8. Location: QtrQtr: SESW Section: 29 Township: 2N Range: 65W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 03/24/2015 End Date: 03/30/2015 Date of First Production this formation: 04/23/2015
 Perforations Top: 7853 Bottom: 12334 No. Holes: 384 Hole size: 0.46

Provide a brief summary of the formation treatment: _____ Open Hole:
 PERF AND FRAC FROM 7853-12334.
 107 BBL ACID, 85220 BBL SLICKWATER, 2054 BBL WATER, 87380 BBL TOTAL FLUID.
 2612480# 40/70 NORTHERN WHITE SANDS CORP, 2612480# TOTAL SAND.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 87380 Max pressure during treatment (psi): 7500
 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): 0.89
 Total acid used in treatment (bbl): 107 Number of staged intervals: 15
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 5647
 Fresh water used in treatment (bbl): 87273 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 2612480 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/29/2015 Hours: 24 Bbl oil: 127 Mcf Gas: 462 Bbl H2O: 272
 Calculated 24 hour rate: Bbl oil: 127 Mcf Gas: 462 Bbl H2O: 272 GOR: 3638
 Test Method: FLOWING Casing PSI: 1500 Tubing PSI: _____ Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1337 API Gravity Oil: 50
 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:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Kayla Hesseltime

Title: Regulatory Specialist Date: _____ Email: kayla.hesseltime@anadarko.com

Attachment Check List

Att Doc Num **Name**

| | |
|-----------|-------|
| 400836290 | OTHER |
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)