

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:  
400836261

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 &amp; 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>05-123-39330-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>DUGITE</u>	Well Number: <u>13C-35HZ</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>23</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: NIOBRARA-FT HAYS-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/11/2014 End Date: 04/21/2015 Date of First Production this formation: 04/23/2015  
Perforations Top: 7915 Bottom: 17603 No. Holes: 816 Hole size: 0.37

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

PERF AND FRAC FROM 7915-17603.  
12 BBL ACID, 194 BBL LINEAR GEL, 185792 BBL SLICKWATER, 7823 BBL WATER, 193821 BBL TOTAL FLUID.  
5783674# 40/70 GENOA/SAND HILLS, 5783674# TOTAL SAND.

ENTERED CODELL 7821-13890, 15091-15162, 15782-17863  
FT HAYS 13890-15091, 15439-15782  
NIOBRARA 15162-15439

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): 193821 Max pressure during treatment (psi): 7599  
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): 0.80  
Total acid used in treatment (bbl): 12 Number of staged intervals: 34  
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 7036  
Fresh water used in treatment (bbl): 193809 Disposition method for flowback: DISPOSAL  
Total proppant used (lbs): 5783674 Rule 805 green completion techniques were utilized:   
Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 05/01/2015 Hours: 24 Bbl oil: 202 Mcf Gas: 235 Bbl H2O: 116  
Calculated 24 hour rate: Bbl oil: 202 Mcf Gas: 235 Bbl H2O: 116 GOR: 1163  
Test Method: FLOWING Casing PSI: 1350 Tubing PSI: Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1348 API Gravity Oil: 49  
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 Hesselstine  
Title: Regulatory Specialist Date: \_\_\_\_\_ Email: kayla.hesselstine@anadarko.com

### Attachment Check List

Att Doc Num	Name
400836269	OTHER

Total Attach: 1 Files

## General Comments

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

Total: 0 comment(s)