

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400838084

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>ILA BEALE</u>
2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6408</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>ila.beale@anadarko.com</u>

5. API Number <u>05-123-39427-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SACK</u>	Well Number: <u>2C-30HZ</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>31</u> Township: <u>1N</u> Range: <u>67W</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: 03/14/2015 End Date: 03/24/2015 Date of First Production this formation: 04/23/2015
Perforations Top: 8220 Bottom: 17133 No. Holes: 1038 Hole size: 0.37

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

"PERF AND FRAC FROM 8220-17,133.
36 BBL ACID, 163,939 BBL SLICKWATER, 9,315 BBL WATER, - 173,289 BBL TOTAL FLUID
4,981,790# 40/70 GENOA/SAND HILLS, - 4,981,790# TOTAL SAND."
ENTERED FT HAYS 8007-8099; 8350-8880
CODELL 8100-8349; 8881-17,133
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): 173289

Max pressure during treatment (psi): 7736

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): 0.85

Total acid used in treatment (bbl): 36

Number of staged intervals: 30

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 2170

Fresh water used in treatment (bbl): 173253

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4981790

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: 180 Mcf Gas: 375 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 180 Mcf Gas: 375 Bbl H2O: 0 GOR: 2083

Test Method: FLOWING Casing PSI: 680 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1344 API Gravity Oil: 46

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
400838097	OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)