

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:

400836229

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

2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

3. Address: P O BOX 173779

City: DENVER State: CO Zip: 80217-

4. Contact Name: Kayla Hesseltine

Phone: (720) 929-6552

Fax:

Email: kayla.hesseltine@anadarko.com

5. API Number 05-123-37911-00

7. Well Name: HOWARD

8. Location: QtrQtr: SWNW Section: 32 Township: 1N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 30C-29HZ

## Completed Interval

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

Treatment Date: 04/18/2015 End Date: 04/27/2015 Date of First Production this formation: 05/03/2015

Perforations Top: 8160 Bottom: 15250 No. Holes: 576 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF AND FRAC FROM 8160-15250.  
124133 BBL SLICKWATER, 6766 BBL WATER, 130899 BBL TOTAL FLUID.  
3685570# 40/70 OTTAWA/ST. PETERS, 3685570# TOTAL SAND.

Entered Niobrara 7443-9823  
Ft Hays 9823-11338  
Codell 11338-12167, 12722-12993, 13204-15596  
Carlile 12167-12722, 12993-13204  
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): 130899

Max pressure during treatment (psi): 7257

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): 0.82

Total acid used in treatment (bbl): 0

Number of staged intervals: 24

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 782

Fresh water used in treatment (bbl): 130899

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3685570

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

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

### Test Information:

Date: 05/10/2015 Hours: 24 Bbl oil: 114 Mcf Gas: 177 Bbl H2O: 325

Calculated 24 hour rate: Bbl oil: 114 Mcf Gas: 177 Bbl H2O: 325 GOR: 1553

Test Method: FLOWING Casing PSI: 650 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1133 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:

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

Signed: \_\_\_\_\_ Print Name: Kayla Hesseltine

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: kayla.hesseltine@anadarko.com

## Attachment Check List

Att Doc Num Name

400836272 OTHER

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)