

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:

400839293

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: ILA BEALE

Phone: (720) 929-6408

Fax:

Email: ila.beale@anadarko.com

5. API Number 05-123-40622-00

7. Well Name: GREENLEAF

8. Location: QtrQtr: SESW Section: 2 Township: 2N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 29C-2HZ

Completed Interval

FORMATION: NIOBRARA-FORT HAYS-CODELL-CARLILE

Status: PRODUCING

Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/23/2015

End Date: 04/30/2015

Date of First Production this formation: 05/06/2015

Perforations Top: 7680

Bottom: 12658

No. Holes: 408

Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole: ☐

"PERF AND FRAC FROM 7680-12,658.
214 BBL ACID, 86,427 BBL SLICKWATER, 1,977 BBL WATER, - 88,618 BBL TOTAL FLUID
2,744,340# 40/70 GENOA/SAND HILLS, - 2,744,340# TOTAL SAND."
ENTERED NIOBRARA: 7150-7741; 9481-10,377
CODELL: 7742-8116; 8666-9016; 9240-9480; 10,705-11,567
CARLILE: 8117-8665; 9017-9239
FT HAYS: 10378-10704; 11,568-12,658
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): 88618

Max pressure during treatment (psi): 7518

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): 0.94

Total acid used in treatment (bbl): 214

Number of staged intervals: 17

Recycled water used in treatment (bbl): 4307

Flowback volume recovered (bbl): 1741

Fresh water used in treatment (bbl): 84096

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2744340

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/11/2015

Hours: 24

Bbl oil: 106

Mcf Gas: 566

Bbl H2O: 213

Calculated 24 hour rate:

Bbl oil: 106

Mcf Gas: 566

Bbl H2O: 213

GOR: 5340

Test Method: FLOWING

Casing PSI: 500

Tubing PSI:

Choke Size: 14/64

Gas Disposition: SOLD

Gas Type: WET

Btu Gas: 1388

API Gravity Oil: 54

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

400839775

OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)