

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:

400552015

Date Received:

02/21/2014

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: KENNY TRUEAX  
Phone: (720) 929-6383  
Fax: (720) 929-7383  
Email: RSCDJPOSTDRILL@ANADARKO.COM

5. API Number 05-123-24942-00  
6. County: WELD  
7. Well Name: CARMA  
Well Number: 8-35  
8. Location: QtrQtr: SWNE Section: 35 Township: 3N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION  
Treatment Date: 10/29/2013 End Date: 10/29/2013 Date of First Production this formation: 10/01/2008  
Perforations Top: 7412 Bottom: 7430 No. Holes: 54 Hole size: 0.38

Provide a brief summary of the formation treatment:

Open Hole: ☐

CODELL REFRAC  
4801 BBL FR WATER, 4801 BBL TOTAL FLUID.  
150000# 40/70 SAND, 4000# 20/40 SAND, 154000# TOTAL SAND.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 4801

Max pressure during treatment (psi): 5063

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): 0.87

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 4801

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 154000

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:  
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:  
Test Method: Casing PSI: Tubing PSI: Choke Size:  
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:  
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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: \_\_\_\_\_

Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: 10/01/2008

Perforations Top: 7162 Bottom: 7430 No. Holes: 126 Hole size: 0.38

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): \_\_\_\_\_ Rule 805 green completion techniques were utilized: ☐

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

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

**Test Information:**

Date: 02/21/2014 Hours: 24 Bbl oil: 25 Mcf Gas: 152 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 25 Mcf Gas: 152 Bbl H2O: 0 GOR: 6080

Test Method: FLOWING Casing PSI: 1006 Tubing PSI: 959 Choke Size: \_\_\_\_\_

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1251 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7388 Tbg setting date: 11/13/2013 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: KENNETH TRUEAX

Title: SR. REGULATORY ANALYST Date: 2/21/2014 Email: RSCDJPOSTDRILL@ANADARKO.COM

**Attachment Check List**

**Att Doc Num Name**

400552015 FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

**User Group Comment Comment Date**

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Total: 0 comment(s)