

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:
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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>05-123-40930-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>GRISWOLD</u>	Well Number: <u>2C-11HZ</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>11</u> Township: <u>1N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/23/2015 End Date: 05/31/2015 Date of First Production this formation: 06/05/2015
Perforations Top: 8178 Bottom: 13048 No. Holes: 402 Hole size: 0.37

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

PERF AND FRAC FROM 8178-13,048.
42,453 BBL CROSSLINK GEL, 1,846 BBL LINEAR GEL, 54,731 BBL SLICKWATER, 3,687 BBL WATER, - 102,717 BBL TOTAL FLUID
493,717# 100 MESH OTTAWA/ST. PETERS, 3,491,569# 30/50 OTTAWA/ST. PETERS, 41,013# 40/70 GENOA/SAND HILLS, -
4,026,299# TOTAL SAND.
ENTERED:
CARLILE 8088-8291; 11,328-11,839; 12,956-13,048
CODELL 8291-11,328; 11,839-12,956
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): 102717 Max pressure during treatment (psi): 6878
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): 0.84
Total acid used in treatment (bbl): 0 Number of staged intervals: 17
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 3770
Fresh water used in treatment (bbl): 102717 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 4026299 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/08/2015 Hours: 24 Bbl oil: 68 Mcf Gas: 169 Bbl H2O: 7
Calculated 24 hour rate: Bbl oil: 68 Mcf Gas: 169 Bbl H2O: 7 GOR: 2485
Test Method: FLOWING Casing PSI: 2200 Tubing PSI: Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1344 API Gravity Oil: 48
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

400858050 OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)