

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:

400863984

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 05-123-40982-00

7. Well Name: GRISWOLD

8. Location: QtrQtr: SESW Section: 11 Township: 1N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 3C-11HZ

Completed Interval

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

Treatment Date: 06/03/2015 End Date: 06/07/2015 Date of First Production this formation: 06/25/2015
Perforations Top: 7945 Bottom: 13214 No. Holes: 432 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF AND FRAC FROM 7945-13,214.
48 BBL ACID, 91,094 BBL SLICKWATER, 2,744 BBL WATER, - 93,886 BBL TOTAL FLUID
2,652,866# 40/70 GENOA/SAND HILLS, - 2,652,866# TOTAL SAND.
ENTERED CODELL: 7871-8100; 8317-12,006; 12,089-12,624; 12,695-12,800
CARLILE: 8100-8317; 12,800-13,214
FT HAYS: 12,006-12,089; 12,624-12,695
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): 93886

Max pressure during treatment (psi): 7281

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): 0.86

Total acid used in treatment (bbl): 48

Number of staged intervals: 18

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 6039

Fresh water used in treatment (bbl): 93838

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2652866

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/29/2015 Hours: 24 Bbl oil: 115 Mcf Gas: 159 Bbl H2O: 267
Calculated 24 hour rate: Bbl oil: 115 Mcf Gas: 159 Bbl H2O: 267 GOR: 1383
Test Method: FLOWING Casing PSI: 700 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1421 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

400863988 OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)