

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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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>05-123-41025-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>GRISWOLD</u>	Well Number: <u>29-11HZ</u>
8. Location: QtrQtr: <u>SESW</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: SUSSEX Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/18/2015 End Date: 06/20/2015 Date of First Production this formation: 07/04/2015
Perforations Top: 5320 Bottom: 9456 No. Holes: 360 Hole size: 0.38

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

PERF AND FRAC FROM 5320-9456.
8,485 BBL CROSSLINK GEL, 7,790 BBL SLICKWATER, 1,682 BBL WATER, - 17,956 BBL TOTAL FLUID
2,780,038# TOTAL SAND

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 17956

Max pressure during treatment (psi): 5587

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): 0.69

Total acid used in treatment (bbl): 0

Number of staged intervals: 15

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 17956

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2780038

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/25/2015 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: _____

Test Method: FLOWING Casing PSI: 119 Tubing PSI: 122 Choke Size: 0

Gas Disposition: SOLD Gas Type: WET Btu Gas: 0 API Gravity Oil: 46

Tubing Size: 2.875 Tubing Setting Depth: 5024 Tbg setting date: 07/08/2015 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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)