

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 &amp; 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>05-123-40604-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>TAIPAN</u>	Well Number: <u>1N-15HZ</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>22</u> Township: <u>2N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: NIOBRARA Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/06/2015 End Date: 07/12/2015 Date of First Production this formation: 07/23/2015  
Perforations Top: 8434 Bottom: 13422 No. Holes: 405 Hole size: 0.46

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

"PERF AND FRAC FROM 8,434-13,422.  
262 BBL ACID, 261,474 BBL SLICKWATER, 2,951 BBL WATER, - 264,687 BBL TOTAL FLUID  
40,000# 100 MESH OTTAWA/ST. PETERS, 5,161,460# 40/70 OTTAWA/ST. PETERS, - 5,201,460# TOTAL SAND."

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 264687 Max pressure during treatment (psi): 7230

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): 262 Number of staged intervals: 17

Recycled water used in treatment (bbl): 1350 Flowback volume recovered (bbl): 2517

Fresh water used in treatment (bbl): 263075 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 5201460 Rule 805 green completion techniques were utilized:

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

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

#### Test Information:

Date: 07/29/2015 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: 525 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: 0 API Gravity Oil: 47

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:

On 7/23/15 this well was capable of production, but due to low pressure has not begun to flow. Well has been shut-in to build pressure. A new 5A with intial production values will be submitted when the well begins to flow.

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**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)