

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



DE	ET	OE	ES
----	----	----	----

Document Number:  
400615958

Date Received:  
05/28/2014

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: <u>47120</u>	4. Contact Name: <u>Katie Kistner</u>
2. Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 9294317</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>katie.kistner@anadarko.com</u>

5. API Number <u>05-123-37774-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BOYD</u>	Well Number: <u>2N-32HZ</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>5</u> Township: <u>1N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/18/2014 End Date: 04/28/2014 Date of First Production this formation: 05/17/2014  
Perforations Top: 7515 Bottom: 16421 No. Holes: 960 Hole size: 0.42

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

PERF AND FRAC FROM 7515-16421.  
309 BBL ACID,16159 BBL CROSSLINK GEL,1539 BBL LINEAR GEL,238914 BBL SLICKWATER,13302 BBL WATER,270223 BBL TOTAL FLUID.  
477558# 30/50 OTTAWA/ST. PETERS SAND,7251684# 40/70 GENOA/SAND HILLS,7729242# TOTAL SAND.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 270223 Max pressure during treatment (psi): 7750  
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): 0.92  
Total acid used in treatment (bbl): 310 Number of staged intervals: 45  
Recycled water used in treatment (bbl): 7552 Flowback volume recovered (bbl): 3365  
Fresh water used in treatment (bbl): 262363 Disposition method for flowback: RECYCLE  
Total proppant used (lbs): 7729242 Rule 805 green completion techniques were utilized:

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

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

#### Test Information:

Date: 05/25/2014 Hours: 24 Bbl oil: 168 Mcf Gas: 209 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 168 Mcf Gas: 209 Bbl H2O: 0 GOR: 1244  
Test Method: FLOWING Casing PSI: 1500 Tubing PSI: Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1333 API Gravity Oil: 45  
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: Katie Kistner  
Title: Regulatory Analyst Date: 5/28/2014 Email: rscdjpostdrill@anadarko.com

### Attachment Check List

Att Doc Num	Name
400615958	FORM 5A SUBMITTED

Total Attach: 1 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)