

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:

400723344

Date Received:

11/10/2014

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.

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|---|--------------------------------------|
| 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> |

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|--|------------------------------|
| 5. API Number <u>05-123-38184-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>KERBS</u> | Well Number: <u>32C-14HZ</u> |
| 8. Location: QtrQtr: <u>SENE</u> Section: <u>13</u> Township: <u>3N</u> Range: <u>68W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | |

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/18/2014 End Date: 09/30/2014 Date of First Production this formation: 10/31/2014
Perforations Top: 7614 Bottom: 17041 No. Holes: 1140 Hole size: 0.37

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

"PERF AND FRAC FROM 7614-17,041.
253 BBL LINEAR GEL, 194,298 BBL SLICKWATER, - 194,551 BBL TOTAL FLUID
532,615# 30/50 OTTAWA/ST. PETERS, 5,316,580# 40/70 GENOA/SAND HILLS, - 5,849,195# TOTAL SAND."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 194551

Max pressure during treatment (psi): 7448

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: 47

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 17528

Fresh water used in treatment (bbl): 194551

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5849195

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/28/2014 Hours: 24 Bbl oil: 208 Mcf Gas: 237 Bbl H2O: 346

Calculated 24 hour rate: Bbl oil: 208 Mcf Gas: 237 Bbl H2O: 346 GOR: 1139

Test Method: FLOWING Casing PSI: 825 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1280 API Gravity Oil: 51

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: 11/10/2014 Email: rscdjpostdrill@anadarko.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400723344 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)