

**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:
400692935

Date Received:
09/29/2014

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: 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 05-123-39162-00
6. County: WELD
7. Well Name: SEKICH STATE
Well Number: 16N-17HZ
8. Location: QtrQtr: SWSW Section: 18 Township: 3N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/21/2014 End Date: 09/02/2014 Date of First Production this formation: 09/07/2014
Perforations Top: 7371 Bottom: 16469 No. Holes: 1032 Hole size: 0.37

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

"PERF AND FRAC FROM 7371-16469.
182,546 BBL SLICKWATER, 10,235 BBL WATER, - 192,781 BBL TOTAL FLUID
584,083# 30/50 OTTAWA/ST. PETERS, 4,248,071# 40/70 GENOA/SAND HILLS, - 4,832,154# TOTAL SAND."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 192781

Max pressure during treatment (psi): 7784

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): 0.93

Total acid used in treatment (bbl): 0

Number of staged intervals: 48

Recycled water used in treatment (bbl): 2705

Flowback volume recovered (bbl): 172

Fresh water used in treatment (bbl): 190076

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 4832154

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/13/2014 Hours: 24 Bbl oil: 294 Mcf Gas: 275 Bbl H2O: 179

Calculated 24 hour rate: Bbl oil: 294 Mcf Gas: 275 Bbl H2O: 179 GOR: 935

Test Method: FLOWING Casing PSI: 1300 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1316 API Gravity Oil: 50

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: 9/29/2014 Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num	Name
400692935	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)