

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: 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 05-123-39282-00

7. Well Name: TROUDT

8. Location: QtrQtr: SESW Section: 33 Township: 2N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 14C-33HZ

Completed Interval

FORMATION: CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/21/2015 End Date: 10/15/2015 Date of First Production this formation: 10/23/2015
Perforations Top: 8108 Bottom: 12638 No. Holes: 864 Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF AND FRAC FROM 8108-12,638.
643 BBL ACID, 232,161 BBL SLICKWATER, 5,346 BBL WATER, - 238,149 BBL TOTAL FLUID - 11,541,180# 100 MESH , 1,909,313#
40/70 GENOA/SAND HILLS, 13,450,493# TOTAL SAND.
ENTERED CODELL 8086-10107; 10,114-12,638
CARLILE 10,107-10,114
THIS IS A DESIGNATED SOURCE OF SUPPLY WELL
(SEE ATTACHMENT)

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 238149

Max pressure during treatment (psi): 7674

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): 0.85

Total acid used in treatment (bbl): 643

Number of staged intervals: 27

Recycled water used in treatment (bbl): 1600

Flowback volume recovered (bbl): 5052

Fresh water used in treatment (bbl): 235907

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 13450493

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/02/2015 Hours: 24 Bbl oil: 109 Mcf Gas: 275 Bbl H2O: 331
Calculated 24 hour rate: Bbl oil: 109 Mcf Gas: 275 Bbl H2O: 331 GOR: 2523
Test Method: FLOWING Casing PSI: 1105 Tubing PSI: _____ Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1349 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: _____ Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num **Name**

400931025 OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)