

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:  
400932331

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>05-123-40847-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HUNZIKER</u>	Well Number: <u>2C-28HZ</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>28</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: CARLILE-CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/25/2015 End Date: 09/28/2015 Date of First Production this formation: 10/31/2015

Perforations Top: 8173 Bottom: 12877 No. Holes: 348 Hole size: 0.38

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

PERF AND FRAC FROM 8173-12,877.  
179 BBL ACID, 84,710 BBL SLICKWATER, 1,792 BBL WATER, - 86,680 BBL TOTAL FLUID  
2,612,800# 40/70 OTTAWA/ST. PETERS, - 2,612,800# TOTAL SAND.  
ENTERED: CODELL 8091-10,534; 11,353-11,586; 12,730-12,877  
CARLILE 10,534-11,353; 11,586-12,569  
FT HAYS 12,569-12,730

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): 86681

Max pressure during treatment (psi): 7299

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): 0.79

Total acid used in treatment (bbl): 179

Number of staged intervals: 16

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 1804

Fresh water used in treatment (bbl): 86502

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2612800

Rule 805 green completion techniques were utilized:

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

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

#### Test Information:

Date: 11/09/2015 Hours: 24 Bbl oil: 61 Mcf Gas: 106 Bbl H2O: 1752

Calculated 24 hour rate: Bbl oil: 61 Mcf Gas: 106 Bbl H2O: 1752 GOR: 1738

Test Method: FLOWING Casing PSI: 1450 Tubing PSI: \_\_\_\_\_ Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1348 API Gravity Oil: 49

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
400932342	OTHER

Total Attach: 1 Files

## General Comments

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

Total: 0 comment(s)