

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:
400938536

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 & 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>05-123-40998-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SKIM</u>	Well Number: <u>35C-28HZ</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>21</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA-FORT HAYS-CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/08/2015 End Date: 10/11/2015 Date of First Production this formation: 11/07/2015
Perforations Top: 7636 Bottom: 12462 No. Holes: 404 Hole size: 0.46

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

PERF AND FRAC FROM 7636-12,462.
167 BBL ACID, 79,554 BBL SLICKWATER, 1,990 BBL WATER, - 81,710 BBL TOTAL FLUID
2,166,600# 40/70 OTTAWA/ST. PETERS, - 2,166,600# TOTAL SAND.
ENTERED NIOBRARA 7623-8534;
FT HAYS 8534-8921; 10,358-10,409;
CODELL 8921-9762; 9945-10,353; 10,409-10,450; 11,085-11,666; 11,699-11,768; 12,055-12,462;
CARLILE 9762-9945; 10,450-11,085; 11,666-11,699; 11,768-12,055;
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): 81710 Max pressure during treatment (psi): 7562
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): 0.82
Total acid used in treatment (bbl): 167 Number of staged intervals: 17
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1471
Fresh water used in treatment (bbl): 81544 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 2166600 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/17/2015 Hours: 24 Bbl oil: 124 Mcf Gas: 673 Bbl H2O: 188
Calculated 24 hour rate: Bbl oil: 124 Mcf Gas: 673 Bbl H2O: 188 GOR: 5427
Test Method: FLOWING Casing PSI: 750 Tubing PSI: Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1299 API Gravity Oil: 56
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

400939514

OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)