

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:
400940430

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>05-123-40985-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SKIM</u>	Well Number: <u>34C-28HZ</u>
8. Location: QtrQtr: <u>SWSW</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: 10/21/2015 End Date: 10/27/2015 Date of First Production this formation: 11/07/2015

Perforations Top: 7642 Bottom: 12547 No. Holes: 444 Hole size: 0.37

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

PERF AND FRAC FROM 7642-12,547.
381 BBL ACID, 68,374 BBL SLICKWATER, 2,970 BBL WATER, - 71,725 BBL TOTAL FLUID
1,539,050# 40/70 OTTAWA/ST. PETERS, - 1,539,050# TOTAL SAND.
ENTERED NIOBRARA 7469-7690; 8186-9170;
FT. HAYS 7690-8186; 9995-10,949;
CODEL 9170-9995; 10,949-11,322; 11,748-12,035; 12,322-12,547
CARLILE 11,322-11,748; 12,035-12,322;
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): 71725

Max pressure during treatment (psi): 7767

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): 0.81

Total acid used in treatment (bbl): 381

Number of staged intervals: 17

Recycled water used in treatment (bbl): 880

Flowback volume recovered (bbl): 1616

Fresh water used in treatment (bbl): 70464

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1539050

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/14/2015 Hours: 24 Bbl oil: 115 Mcf Gas: 584 Bbl H2O: 249

Calculated 24 hour rate: Bbl oil: 115 Mcf Gas: 584 Bbl H2O: 249 GOR: 5078

Test Method: FLOWING Casing PSI: 1150 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

400945979

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)