

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:
400946969

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.

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|---|--------------------------------------|
| 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> |

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|--|------------------------------|
| 5. API Number <u>05-123-41001-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>MILK STATE</u> | Well Number: <u>29N-21HZ</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 Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/29/2015 End Date: 11/06/2015 Date of First Production this formation: 11/21/2015
Perforations Top: 7509 Bottom: 12501 No. Holes: 570 Hole size: 0.46

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

"PERF AND FRAC FROM 7509-12,501.
333 BBL ACID, 128,545 BBL SLICKWATER, 3,170 BBL TREATED WATER, - 132,049 BBL TOTAL FLUID
521,450# 100 MESH OTTAWA/ST. PETERS, 3,437,150# 40/70 OTTAWA/ST. PETERS, - 3,958,600# TOTAL SAND."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 132049 Max pressure during treatment (psi): 7523
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): 0.95
Total acid used in treatment (bbl): 333 Number of staged intervals: 25
Recycled water used in treatment (bbl): 2410 Flowback volume recovered (bbl): 1030
Fresh water used in treatment (bbl): 129306 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 3958600 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/02/2015 Hours: 24 Bbl oil: 138 Mcf Gas: 413 Bbl H2O: 87
Calculated 24 hour rate: Bbl oil: 138 Mcf Gas: 413 Bbl H2O: 87 GOR: 2993
Test Method: FLOWING Casing PSI: 1910 Tubing PSI: Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1277 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

Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)