

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:

400947432

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>05-123-41006-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>MILK</u>	Well Number: <u>36C-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: 11/13/2015 End Date: 11/16/2015 Date of First Production this formation: 11/21/2015

Perforations Top: 7550 Bottom: 12635 No. Holes: 404 Hole size: 0.46

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

PERF AND FRAC FROM 7550-12635.
385 BBL ACID, 87,129 BBL SLICKWATER, - 87,514 BBL TOTAL FLUID
342,260# 100 OTTOWA, 2,352,200# 40/70 OTTOWA, - 2,694,460# TOTAL SAND.
ENTERED: NIOBRARA 7426-8005
CODELL 8005-8024; 9865-10,958; 11,287-12,635
FT. HAYS 8024-9865;
CARLILE 10,958-11,287
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): 87514 Max pressure during treatment (psi): 7486

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): 385 Number of staged intervals: 17

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1614

Fresh water used in treatment (bbl): 87129 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2694460 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/04/2015 Hours: 24 Bbl oil: 64 Mcf Gas: 397 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 64 Mcf Gas: 397 Bbl H2O: 0 GOR: 6203

Test Method: FLOWING Casing PSI: 1250 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

400947435

OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)