

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:
400948508

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>05-069-06471-00</u>	6. County: <u>LARIMER</u>
7. Well Name: <u>MIRACLE</u>	Well Number: <u>9C-11HZ</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>12</u> Township: <u>5N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

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

Treatment Date: 10/19/2015 End Date: 10/26/2015 Date of First Production this formation: 11/25/2015
Perforations Top: 7843 Bottom: 13574 No. Holes: 480 Hole size: 0.46

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

PERF AND FRAC FROM 7843-13,574.
98,670 BBL SLICKWATER, 4,489 BBL WATER, - 103,159 BBL TOTAL FLUID
3,141,869# 40/70 GENOA/SAND HILLS, - 3,141,869# TOTAL SAND.
ENTERED: CODELL 7790-9655; 9718-13,574;
FT. HAYS 9655-9718;
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): 103159 Max pressure during treatment (psi): 6279
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): 0.83
Total acid used in treatment (bbl): 0 Number of staged intervals: 19
Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 918
Fresh water used in treatment (bbl): 103159 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3141869 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/30/2015 Hours: 24 Bbl oil: 180 Mcf Gas: 113 Bbl H2O: 121
Calculated 24 hour rate: Bbl oil: 180 Mcf Gas: 113 Bbl H2O: 121 GOR: 627
Test Method: FLOWING Casing PSI: 850 Tubing PSI: Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1345 API Gravity Oil: 46
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: ila.beale@anadarko.com

Attachment Check List

Att Doc Num	Name
400948509	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)