

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:

400583587

Date Received:

04/07/2014

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: 47120

2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP

3. Address: P O BOX 173779

City: DENVER State: CO Zip: 80217-

4. Contact Name: Katie Kistner

Phone: (720) 9294317

Fax:

Email: katie.kistner@anadarko.com

5. API Number 05-123-33140-00

7. Well Name: CARTER

8. Location: QtrQtr: NWSE Section: 32 Township: 2N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 9-32SX

Completed Interval

FORMATION: SUSSEX Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/16/2011 End Date: 11/16/2011 Date of First Production this formation: 12/03/2012
Perforations Top: 4806 Bottom: 4908 No. Holes: 56 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Perf and Frac From - 4806-4908
528 BBL LIGHTNING 70Q N2 FOAM, 528 BBL TOTAL FLUID
180620# 12/20 OTTAWA-TEXSAND-DENVER, 20040# 20/40 SUPER LC, 200660# TOTAL SAND.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 528

Max pressure during treatment (psi): 2956

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): _____

Total acid used in treatment (bbl): 0

Number of staged intervals: 3

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 101

Fresh water used in treatment (bbl): 528

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 200660

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/04/2012 Hours: 24 Bbl oil: 10 Mcf Gas: 4 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 10 Mcf Gas: 4 Bbl H2O: 0 GOR: 400

Test Method: FLOWING Casing PSI: 25 Tubing PSI: 30 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1423 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 4791 Tbg setting date: 11/11/2012 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: Katie Kistner

Title: Regulatory Analyst Date: 4/7/2014 Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num **Name**

400583587 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected GOR.	12/24/2015 7:47:16 AM

Total: 1 comment(s)