

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:

400816915

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: 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: Kayla Hesseltine

Phone: (720) 929-6552

Fax:

Email: kayla.hesseltine@anadarko.com

5. API Number 05-123-39195-00

7. Well Name: HANSEN STATE

8. Location: QtrQtr: NWNW Section: 35 Township: 3N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 26C-36HZ

## Completed Interval

FORMATION: NIOBRARA-FT HAYS-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/20/2015 End Date: 03/03/2015 Date of First Production this formation: 03/07/2015  
Perforations Top: 7655 Bottom: 16779 No. Holes: 1080 Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole: ☐

"PERF AND FRAC FROM 7655-16,779.  
95 BBL ACID, 167,843 BBL SLICKWATER, 9,911 BBL WATER, - 177,850 BBL TOTAL FLUID,  
5,119,640# 40/70 GENOA/SAND HILLS, - 5,119,640# TOTAL SAND."  
ENTERED CODELL: 7655-9496; 10,083-10,136; 11,840-12,549; 12,622-13,731;  
FT HAYS: 9496-10,083; 10,136-10,349; 11,219-11,840; 12,549-12,622; 13,731-13,752  
NIOBRARA: 10,349-11,219; 13,752-16,779;  
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): 177850

Max pressure during treatment (psi): 7484

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): 0.74

Total acid used in treatment (bbl): 95

Number of staged intervals: 45

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 13146

Fresh water used in treatment (bbl): 177754

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 5119640

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

Date: 03/26/2015 Hours: 24 Bbl oil: 302 Mcf Gas: 412 Bbl H2O: 215  
Calculated 24 hour rate: Bbl oil: 302 Mcf Gas: 412 Bbl H2O: 215 GOR: 1364  
Test Method: FLOWING Casing PSI: 1777 Tubing PSI: 1204 Choke Size: 14  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1329 API Gravity Oil: 51  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7252 Tbg setting date: 03/18/2015 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: Kayla Hesseltine

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: kayla.hesseltine@anadarko.com

## Attachment Check List

**Att Doc Num** **Name**

400963956 OTHER

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)