

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:

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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>Kayla Hesseltine</u>
2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6552</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>kayla.hesseltine@anadarko.com</u>

5. API Number <u>05-123-39195-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>HANSEN STATE</u>	Well Number: <u>26C-36HZ</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>35</u> Township: <u>3N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

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

User Group

Comment

Comment Date

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

Total: 0 comment(s)