

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:
400960953

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.

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|---|--------------------------------------|
| 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> |

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|--|-----------------------------|
| 5. API Number <u>05-123-40963-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>CREAM STATE</u> | Well Number: <u>2C-21HZ</u> |
| 8. Location: QtrQtr: <u>NWNE</u> Section: <u>28</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-FT HAYS-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/05/2015 End Date: 12/11/2015 Date of First Production this formation: 12/20/2015
Perforations Top: 7557 Bottom: 12568 No. Holes: 588 Hole size: 0.46

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

PERF AND FRAC FROM 7557-12,568.
250 BBL ACID, 86,697 BBL SLICKWATER, 2,012 BBL WATER, - 88,960 BBL TOTAL FLUID
343,900# 100 MESH OTTAWA/ST. PETERS, 2,330,450# 40/70 OTTAWA/ST. PETERS, - 2,674,350# TOTAL SAND.
ENTERED: CODELL 7490-7847; 8891-10,682; 11,900-12,568;
NIOBRARA 7847-8891; 10,682-11,225;
FT HAYS 11,225-11,900;
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): 88960

Max pressure during treatment (psi): 7421

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): 0.88

Total acid used in treatment (bbl): 250

Number of staged intervals: 17

Recycled water used in treatment (bbl): 900

Flowback volume recovered (bbl): 812

Fresh water used in treatment (bbl): 87810

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2674350

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/31/2015 Hours: 24 Bbl oil: 97 Mcf Gas: 510 Bbl H2O: 184

Calculated 24 hour rate: Bbl oil: 97 Mcf Gas: 510 Bbl H2O: 184 GOR: 5258

Test Method: FLOWING Casing PSI: 1780 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1349 API Gravity Oil: 56

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 |
|-------------|-------|
| 400960957 | OTHER |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)