

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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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 Hamilton

Phone: (720) 929-4317

Fax:

Email: kayla.hesseltine@anadarko.com

5. API Number 05-123-38629-00

7. Well Name: ELLIOTT STATE

8. Location: QtrQtr: NWNW Section: 17 Township: 3N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 26C-17HZ

## Completed Interval

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

Treatment Date: 09/09/2014 End Date: 09/10/2014 Date of First Production this formation: 10/02/2014  
Perforations Top: 7701 Bottom: 12512 No. Holes: 0 Hole size: 0

Provide a brief summary of the formation treatment:

Open Hole: ☒

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7701-12512.  
13,050 BBL CROSSLINK GEL, 2,328 BBL LINEAR GEL, 80,112 BBL SLICKWATER, 95,491 BBL TOTAL FLUID.  
373,071# 30/50 OTTAWA/ST. PETERS, 2,092,479# 40/70 GENOA/SAND HILLS, 2,465,550# TOTAL SAND.

ENTERED NIO 12127-12152  
CODELL 7577-7781, 8777-10954, 11039-11127  
FT HAYS 7781-8777, 10954-11039, 11127-12127

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): 95491

Max pressure during treatment (psi): 7412

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): 0.97

Total acid used in treatment (bbl): 0

Number of staged intervals: 38

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 3943

Fresh water used in treatment (bbl): 95491

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2465550

Rule 805 green completion techniques were utilized: ☒

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

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

### Test Information:

Date: 10/10/2014 Hours: 24 Bbl oil: 43 Mcf Gas: 31 Bbl H2O: 5  
Calculated 24 hour rate: Bbl oil: 43 Mcf Gas: 31 Bbl H2O: 5 GOR: 721  
Test Method: FLOWING Casing PSI: 1160 Tubing PSI: 133 Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1347 API Gravity Oil: 47  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7283 Tbg setting date: 10/03/2014 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 Hamilton  
Title: Regulatory Specialist Date: \_\_\_\_\_ Email: kayla.hesseltine@anadarko.com

## Attachment Check List

Att Doc Num	Name
400986044	OTHER

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)