

**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



DE	ET	OE	ES
----	----	----	----

Document Number:  
400995580

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>ILA BEALE</u>
2. Name of Operator: <u>KERR MCGEE OIL &amp; 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>

5. API Number <u>05-123-39972-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>RANCHVIEW</u>	Well Number: <u>3N-11HZ</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>14</u> Township: <u>1N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/11/2015 End Date: 12/22/2015 Date of First Production this formation: 02/08/2016  
Perforations Top: 8222 Bottom: 15359 No. Holes: 584 Hole size: 0.46

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

"PERF AND FRAC FROM 8222-15,359.  
464 BBL ACID, 196,382 BBL SLICKWATER, 7,569 BBL WATER, - 204,414 BBL TOTAL FLUID  
6,117,221# 40/70 GENOA/SAND HILLS, - 6,117,221# TOTAL SAND."

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 204414

Max pressure during treatment (psi): 7834

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): 0.80

Total acid used in treatment (bbl): 464

Number of staged intervals: 36

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 11908

Fresh water used in treatment (bbl): 203950

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6117221

Rule 805 green completion techniques were utilized:

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

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

#### Test Information:

Date: 02/18/2016 Hours: 24 Bbl oil: 72 Mcf Gas: 212 Bbl H2O: 96

Calculated 24 hour rate: Bbl oil: 72 Mcf Gas: 212 Bbl H2O: 96 GOR: 2944

Test Method: FLOWING Casing PSI: 1300 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1346 API Gravity Oil: 52

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

Total Attach: 0 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)