

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:

400994581

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: ILA BEALE

Phone: (720) 929-6408

Fax:

Email: ila.beale@anadarko.com

5. API Number 05-123-39971-00

7. Well Name: RANCHVIEW

8. Location: QtrQtr: SESW Section: 14 Township: 1N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 28C-11HZ

## Completed Interval

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

Treatment Date: 12/12/2015 End Date: 12/22/2015 Date of First Production this formation: 02/08/2016  
Perforations Top: 8328 Bottom: 15554 No. Holes: 572 Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF AND FRAC FROM 8328-15,554.  
24 BBL ACID, 131,307 BBL SLICKWATER, 5,168 BBL WATER, - 136,499 BBL TOTAL FLUID  
4,122,263# 40/70 GENOA/SAND HILLS, - 4,122,263# TOTAL SAND.  
ENTERED: CODELL 8328-11,349; 11,354-11,357; 11,717-11,850; 12,381-15,554;  
FT. HAYS 11,349-11,354; 11,357-11,508; 11,850-12,381;  
NIOBRARA 11,508-11,717;  
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): 136499

Max pressure during treatment (psi): 7420

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): 0.83

Total acid used in treatment (bbl): 24

Number of staged intervals: 24

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 10291

Fresh water used in treatment (bbl): 136475

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4122263

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: 1325 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

400994583 OTHER

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)