

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:
401021432

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 & 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>05-123-41290-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BAT</u>	Well Number: <u>4C-9HZ</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>9</u> Township: <u>1N</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: 03/10/2016 End Date: 03/15/2016 Date of First Production this formation: 03/22/2016
Perforations Top: 7864 Bottom: 12117 No. Holes: 336 Hole size: 0.42

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

PERF AND FRAC FROM 7864-12,117.
333 BBL ACID, 148,095 BBL SLICKWATER, 2,987 BBL TREATED WATER, 151,416 BBL TOTAL FLUID
763,920# 100 MESH OTTOWA, 3,777,000# 40/70 OTTOWA, - 4,540,920# TOTAL SAND.
ENTERED FT HAYS 7864-7947; 9309-9656; 11,395-11,582;
CODELL 7947-8834; 9656-11,395; 11,582-12,117;
NIOBRARA 8834-9309;
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): 151416

Max pressure during treatment (psi): 7619

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): 1.05

Total acid used in treatment (bbl): 333

Number of staged intervals: 14

Recycled water used in treatment (bbl): 600

Flowback volume recovered (bbl): 2657

Fresh water used in treatment (bbl): 150482

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 4540920

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/02/2016 Hours: 24 Bbl oil: 116 Mcf Gas: 132 Bbl H2O: 670

Calculated 24 hour rate: Bbl oil: 116 Mcf Gas: 132 Bbl H2O: 670 GOR: 1138

Test Method: FLOWING Casing PSI: 850 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1388 API Gravity Oil: 44

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
401021443	OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)