

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:

401035042

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>05-123-41505-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>ENGLISH FARMS</u>	Well Number: <u>15C-8HZ</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>8</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: CARLILE-CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/24/2016 End Date: 03/30/2016 Date of First Production this formation: 04/18/2016

Perforations Top: 7848 Bottom: 13260 No. Holes: 432 Hole size: 0.42

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

PERF AND FRAC FROM 7848-13,260.
98,405 BBL SLICKWATER, 2,919 BBL WATER, - 101,324 BBL TOTAL FLUID
448,412# 100 MESH UNSPECIFIED, 2,367,596# 40/70 PREMIUM, - 2,816,008# TOTAL SAND.
ENTERED FT HAYS: 7848-7868; 9235-9328; 9876-11,561;
CODELL: 7868-9235; 9491-9876; 11,561-13,260;
CARLILE: 9328-9491;
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): 101324

Max pressure during treatment (psi): 7566

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): 0

Number of staged intervals: 18

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 14791

Fresh water used in treatment (bbl): 101324

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2816008

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/01/2016 Hours: 24 Bbl oil: 36 Mcf Gas: 43 Bbl H2O: 110

Calculated 24 hour rate: Bbl oil: 36 Mcf Gas: 43 Bbl H2O: 110 GOR: 1194

Test Method: FLOWING Casing PSI: 2100 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1400 API Gravity Oil: 46

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
401035054	OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)