

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:

401037397

Date Received:

05/11/2016

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: Jennifer Thomas
Phone: (720) 929-6808
Fax: _____
Email: jennifer.thomas@anadarko.com

5. API Number 05-123-41496-00

6. County: WELD

7. Well Name: ENGLISH FARMS
Well Number: 34C-9HZ

8. Location: QtrQtr: NENE Section: 8 Township: 1N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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

Treatment Date: 04/03/2016 End Date: 04/07/2016 Date of First Production this formation: 04/19/2016

Perforations Top: 7790 Bottom: 12005 No. Holes: 316 Hole size: 0.42

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

PERF AND FRAC FROM 7790-12005.
19 BBL ACID, 87,721 BBL SLICKWATER, 3,147 BBL WATER, 90,887 BBL TOTAL FLUID,
421,098 # 100 MESH OTTAWA/ST. PETERS, 2,175,304# 40/70 OTTAWA/ST. PETERS, 2,596,402# TOTAL SAND.
ENTERED NIOBRARA 10,389 - 10,404;
FORT HAYS 10,404 - 10,539;
CODELL 7,790 - 7,851; 8,004-10,389; 10,539-10,710; 11,023 - 12,005;
CARLILE 7,851 - 8,004; 10,710 - 11,023
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): 90887 Max pressure during treatment (psi): 7671

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): 0.95

Total acid used in treatment (bbl): 19 Number of staged intervals: 13

Recycled water used in treatment (bbl): 450 Flowback volume recovered (bbl): 5301

Fresh water used in treatment (bbl): 90418 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2596402 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/30/2016 Hours: 24 Bbl oil: 103 Mcf Gas: 183 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 103 Mcf Gas: 183 Bbl H2O: 0 GOR: 1776

Test Method: FLOWING Casing PSI: 1910 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: Jennifer Thomas

Title: Regulatory Specialist Date: 5/11/2016 Email: jennifer.thomas@anadarko.com

Attachment Check List

Att Doc Num	Name
401037397	FORM 5A SUBMITTED
401037404	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)