

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:

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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) 9296408</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>05-123-33191-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>FEHRN</u>	Well Number: <u>1-32SX</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>32</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: SUSSEX Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/13/2012 End Date: 03/13/2012 Date of First Production this formation: 01/23/2013  
Perforations Top: 4918 Bottom: 4946 No. Holes: 48 Hole size: 0.38

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

Perf and Frac From -4918-4946.  
523 BBL LIGHTNING 70Q N2 FOAM, 523 BBL TOTAL FLUID.  
182360# 20/40 OTTAWA-SWEETGOLD-JOHNSTOWN, 20100# 20/40 SUPER LC, 202460# TOTAL SAND.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 523

Max pressure during treatment (psi): 3984

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): 0.70

Total acid used in treatment (bbl): 0

Number of staged intervals: 2

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 213

Fresh water used in treatment (bbl): 523

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 202460

Rule 805 green completion techniques were utilized:

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

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

#### Test Information:

Date: 01/24/2013 Hours: 24 Bbl oil: 5 Mcf Gas: 1 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 1 Bbl H2O: 0 GOR: 200

Test Method: FLOWING Casing PSI: 16 Tubing PSI: 27 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1171 API Gravity Oil: 49

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5238 Tbg setting date: 03/21/2012 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:

Two sections in the Sussex were perf'd and frac'd in a single stage. We cemented casing with perforations.

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)