

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:
401034987

Date Received:
05/10/2016

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: <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>05-123-41501-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>ENGLISH FARMS</u>	Well Number: <u>15N-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: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/23/2016 End Date: 04/02/2016 Date of First Production this formation: 04/18/2016
Perforations Top: 7710 Bottom: 13246 No. Holes: 672 Hole size: 0.42

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

"PERF AND FRAC FROM 7710-13,246.
298 BBL HCl ACID, 150,838 BBL SLICKWATER, 4,859 BBL WATER, - 155,995 BBL TOTAL FLUID
3,562,993# 100 MESH, 822,851# 40/70 OTTAWA/ST. PETERS, - 4,385,844# TOTAL SAND."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 155995

Max pressure during treatment (psi): 7638

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): 0.93

Total acid used in treatment (bbl): 298

Number of staged intervals: 28

Recycled water used in treatment (bbl): 1800

Flowback volume recovered (bbl): 8243

Fresh water used in treatment (bbl): 153897

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 4385844

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/29/2016 Hours: 24 Bbl oil: 64 Mcf Gas: 103 Bbl H2O: 80
Calculated 24 hour rate: Bbl oil: 64 Mcf Gas: 103 Bbl H2O: 80 GOR: 1609
Test Method: FLOWING Casing PSI: 1925 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: 5/10/2016 Email: ila.beale@anadarko.com

Attachment Check List

Att Doc Num	Name
401034987	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permit review complete.	5/25/2016 10:48:19 AM
Permit	Added type of acid per operator request.	5/25/2016 10:46:16 AM

Total: 2 comment(s)