

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:

400654821

Date Received:

08/13/2014

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: Katie Kistner  
Phone: (720) 9294317  
Fax: \_\_\_\_\_  
Email: katie.kistner@anadarko.com

5. API Number 05-123-38101-00

6. County: WELD

7. Well Name: 3D  
Well Number: 37N-21HZ

8. Location: QtrQtr: NENE Section: 21 Township: 2N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/14/2014 End Date: 07/15/2014 Date of First Production this formation: 07/29/2014  
Perforations Top: 7704 Bottom: 11839 No. Holes: 0 Hole size: 0

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

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7704-11839.  
6950 BBL CROSSLINK GEL, 1177 BBL LINEAR GEL, 72946 BBL SLICKWATER, 81072 BBL TOTAL FLUID.  
207322# 30/50 GENOA/SAND HILLS, 1955529# 40/70 GENOA/SAND HILLS, 2162851# TOTAL SAND.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 81072

Max pressure during treatment (psi): 7136

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): 1.00

Total acid used in treatment (bbl): 0

Number of staged intervals: 32

Recycled water used in treatment (bbl): 2514

Flowback volume recovered (bbl): 1124

Fresh water used in treatment (bbl): 78558

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2162851

Rule 805 green completion techniques were utilized:

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

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

#### Test Information:

Date: 08/02/2014 Hours: 24 Bbl oil: 294 Mcf Gas: 352 Bbl H2O: 34

Calculated 24 hour rate: Bbl oil: 294 Mcf Gas: 352 Bbl H2O: 34 GOR: 1197

Test Method: FLOWING Casing PSI: 1600 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1260 API Gravity Oil: 48

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: Katie Kistner

Title: Regulatory Analyst Date: 8/13/2014 Email: rscdjpostdrill@anadarko.com

### Attachment Check List

Att Doc Num	Name
400654821	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Agency	Approved Form 10	8/3/2016 11:13:31 AM

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