

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 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: ILA BEALE
Phone: (720) 929-6408
Fax:
Email: ila.beale@anadarko.com

5. API Number 05-123-41902-00
6. County: WELD
7. Well Name: POWERS
Well Number: 13C-22HZ
8. Location: QtrQtr: NENW Section: 22 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 10784 Bottom: 12477 No. Holes: 288 Hole size: 0.46
Provide a brief summary of the formation treatment: Open Hole:
This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
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.

FORMATION: CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/26/2016 End Date: 08/28/2016 Date of First Production this formation: 09/06/2016

Perforations Top: 7789 Bottom: 12814 No. Holes: 288 Hole size: 0.46

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

PERF AND FRAC FROM 7789-12814.
57 BBL 7.5% HCL ACID, 2,550 BBL PUMP DOWN, 80,077 BBL SLICKWATER, - 82,684 BBL TOTAL FLUID
362,456# 100 MESH OTTAWA/ST. PETERS, 1,981,012# 40/70 OTTAWA/ST. PETERS, - 2,343,468# TOTAL SAND.
ENTERED: CODELL 7789-10,784; 10,997; 12,434; 12,477-12,622;
CARLILE 10,784-10,997; 12,434-12,477;
NIOBRARA 12,622-12,814;
THIS IS A DESIGNATED SOURCE OF SUPPLY WELL
(SEE ATTACHMENT)
Have requested Niobrara/Codell/Carlile combination (See comments)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 82684

Max pressure during treatment (psi): 7523

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): 0.91

Total acid used in treatment (bbl): 57

Number of staged intervals: 14

Recycled water used in treatment (bbl): 1550

Flowback volume recovered (bbl): 937

Fresh water used in treatment (bbl): 81077

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2343469

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/19/2016 Hours: 24 Bbl oil: 173 Mcf Gas: 337 Bbl H2O: 266

Calculated 24 hour rate: Bbl oil: 173 Mcf Gas: 337 Bbl H2O: 266 GOR: 1948

Test Method: FLOWING Casing PSI: 1460 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1377 API Gravity Oil: 51

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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7789 Bottom: 12622 No. Holes: 288 Hole size: 0.46

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

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

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

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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.

FORMATION: NIORARA Status: COMMINGLED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 12622 Bottom: 12814 No. Holes: 288 Hole size: 0.46
 Provide a brief summary of the formation treatment: _____ Open Hole:

See comments under Submit Tab

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 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:
 This well has perforations in the Niobrara, but there currently is not a Niobrara, Codell, Carlile combination choice. As per 9/19/16 email from Barbara Westerdale a new combined code will be requested after COGCC review and confirmation of the producing formations. At such time new code is created please notify ila.beale@anadarko.com so I can distribute to Anadarko personnel.

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 |
|-------------|-------|
| 401113458 | OTHER |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)