

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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12/05/2014

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: ILA BEALE

Phone: (720) 929-6408

Fax:

Email: ila.beale@anadarko.com

5. API Number 05-123-39156-00

7. Well Name: NRC

8. Location: QtrQtr: NENE Section: 8 Township: 1N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 27N-5HZ

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/26/2014 End Date: 11/04/2014 Date of First Production this formation: 11/09/2014
Perforations Top: 7818 Bottom: 12542 No. Holes: 576 Hole size: 0.37

Provide a brief summary of the formation treatment:

Open Hole: ☐

"PERF AND FRAC FROM 7818-12,542.

548 BBL HCL 7.5% ACID, 17,665 BBL LINEAR GEL, 120,513 BBL SLICKWATER, 2,908 BBL WATER, - 141,634 BBL TOTAL FLUID
612,180# 40/70 OTTAWA/ST. PETERS, 3,431,520# 40/70 US SILICA/INNOPROP PR, - 4,043,700# TOTAL SAND."

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 141634

Max pressure during treatment (psi): 7450

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): 0.85

Total acid used in treatment (bbl): 548

Number of staged intervals: 24

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 813

Fresh water used in treatment (bbl): 141086

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 4043700

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/17/2014 Hours: 24 Bbl oil: 100 Mcf Gas: 303 Bbl H2O: 244

Calculated 24 hour rate: Bbl oil: 100 Mcf Gas: 303 Bbl H2O: 244 GOR: 3030

Test Method: FLOWING Casing PSI: 1100 Tubing PSI: _____ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1301 API Gravity Oil: 53

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: 12/5/2014 Email: rscdjpostdrill@anadarko.com

Attachment Check List

Att Doc Num **Name**

400729440 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)