

**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:
400961935

Date Received:
01/12/2016

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>05-123-40959-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>CREAM</u>	Well Number: <u>15C-28HZ</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>28</u> Township: <u>3N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA-FT HAYS-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/05/2015 End Date: 12/11/2015 Date of First Production this formation: 12/20/2015
Perforations Top: 7668 Bottom: 12728 No. Holes: 600 Hole size: 0.46

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

PERF AND FRAC FROM 7668-12728.
250 BBL ACID, 84,993 BBL SLICKWATER, 1,996 BBL TREATED WATER, - 87,240 BBL TOTAL FLUID
346,950# 100 MESH OTTAWA/ST. PETERS, 2,272,250# 40/70 OTTAWA/ST. PETERS, - 2,619,200# TOTAL SAND.
ENTERED: FT HAYS 7668-9641; 11,044-11,155; 11,272-12,394
CODELL 9641-11,044; 11,155-11,272
NIOBRARA 12,394-12,728
THIS IS A DESIGNATED SOURCE OF SUPPLY WELL
(SEE ATTACHMENT)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 87240 Max pressure during treatment (psi): 7574
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: Min frac gradient (psi/ft): 0.97
Total acid used in treatment (bbl): 250 Number of staged intervals: 17
Recycled water used in treatment (bbl): 1330 Flowback volume recovered (bbl): 753
Fresh water used in treatment (bbl): 85660 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 2619200 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/28/2015 Hours: 24 Bbl oil: 65 Mcf Gas: 416 Bbl H2O: 169
Calculated 24 hour rate: Bbl oil: 65 Mcf Gas: 416 Bbl H2O: 169 GOR: 6400
Test Method: FLOWING Casing PSI: 925 Tubing PSI: Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1349 API Gravity Oil: 56
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: 1/12/2016 Email: ila.beale@anadarko.com

Attachment Check List

Att Doc Num

Name

400961935	FORM 5A SUBMITTED
400961937	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)