

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:

400838084

Date Received:

05/12/2015

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.

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|---|--------------------------------------|
| 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> |

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|--|-----------------------------|
| 5. API Number <u>05-123-39427-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>SACK</u> | Well Number: <u>2C-30HZ</u> |
| 8. Location: QtrQtr: <u>SWSE</u> Section: <u>31</u> Township: <u>1N</u> Range: <u>67W</u> Meridian: <u>6</u> | |
| 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | |

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 03/14/2015 End Date: 03/24/2015 Date of First Production this formation: 04/23/2015
 Perforations Top: 8220 Bottom: 17133 No. Holes: 1038 Hole size: 0.37

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

"PERF AND FRAC FROM 8220-17,133.
 36 BBL ACID, 163,939 BBL SLICKWATER, 9,315 BBL WATER, - 173,289 BBL TOTAL FLUID
 4,981,790# 40/70 GENOA/SAND HILLS, - 4,981,790# TOTAL SAND."
 ENTERED FT HAYS 8007-8099; 8350-8880
 CODELL 8100-8349; 8881-17,133
 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): 173289 Max pressure during treatment (psi): 7736
 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): 36 Number of staged intervals: 30
 Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 2170
 Fresh water used in treatment (bbl): 173253 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 4981790 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/01/2015 Hours: 24 Bbl oil: 180 Mcf Gas: 375 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 180 Mcf Gas: 375 Bbl H2O: 0 GOR: 2083
 Test Method: FLOWING Casing PSI: 680 Tubing PSI: _____ Choke Size: 14/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1344 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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

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

Perforations Top: 8100 Bottom: 17133 No. Holes: 1038 Hole size: 0.37

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

CODELL 8100-8349; 8881-17,133

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: FORT HAYS Status: COMMINGLED Treatment Type:

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

Perforations Top: 8007 Bottom: 8880 No. Holes: 1038 Hole size: 0.37

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

ENTERED FT HAYS 8007-8099; 8350-8880

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:

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: 5/12/2015 Email: rscdjpostdrill@anadarko.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows: 400838084 FORM 5A SUBMITTED, 400838097 WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--|---------------------|
| Permit | Added formation panels for individual completed common source formations (Fort Hays and Codell) per agreement with operator. | 12/12/2016 |
| Permit | Changed response to Is this formation commingled from "YES" to "NO" per the operator's request. | 05/13/2015 |

Total: 2 comment(s)