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| 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 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| COMPLETED INTERVAL REPORT | | | Document Number: 401166251 Date Received: | | | | |
| 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> 2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u> 3. Address: <u>P O BOX 173779</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u> | 4. Contact Name: <u>ILA BEALE</u> Phone: <u>(720) 929-6408</u> Fax: _____ Email: <u>ila.beale@anadarko.com</u> |
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| 5. API Number <u>05-123-41970-00</u> 7. Well Name: <u>MEGUIRE</u> 8. Location: QtrQtr: <u>SENW</u> Section: <u>21</u> Township: <u>2N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u> | 6. County: <u>WELD</u> Well Number: <u>28C-16HZ</u> Range: <u>65W</u> Meridian: <u>6</u> |
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Completed Interval

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|---|--|---|
| FORMATION: <u>CARLILE</u> | Status: <u>COMMINGLED</u> | Treatment Type: _____ |
| Treatment Date: _____ | End Date: _____ | Date of First Production this formation: _____ |
| Perforations Top: <u>7903</u> | Bottom: <u>14694</u> | No. Holes: <u>432</u> Hole size: <u>0.46</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> |
| <u>CARLILE: 7903-8238; 9501-11,944; 12,005-12,972; 13,055-13,628; 13,961-14,464; 14,617-14,694;</u> | | |
| This formation is commingled with another formation: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> | |
| 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: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt _____ | | |
| ** Bridge Plug Depth: _____ | ** Sacks cement on top: _____ | ** Wireline and Cement Job Summary must be attached. | | |

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

Treatment Date: 11/03/2016 End Date: 11/08/2016 Date of First Production this formation: 11/21/2016

Perforations Top: 7847 Bottom: 15251 No. Holes: 432 Hole size: 0.46

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

PERF AND FRAC FROM 7847-15,251.
324 BBL 7.5% HCL ACID, 119,274 BBL SLICKWATER, 5,218 BBL WATER, - 124,816 BBL TOTAL FLUID
3,567,401# 40/70 OTTAWA/ST. PETERS, - 3,567,401# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 124816 Max pressure during treatment (psi): 7670

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): 0.89

Total acid used in treatment (bbl): 324 Number of staged intervals: 22

Recycled water used in treatment (bbl): 2550 Flowback volume recovered (bbl): 9448

Fresh water used in treatment (bbl): 121942 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 3567401 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/30/2016 Hours: 24 Bbl oil: 320 Mcf Gas: 560 Bbl H2O: 341

Calculated 24 hour rate: Bbl oil: 320 Mcf Gas: 560 Bbl H2O: 341 GOR: 1750

Test Method: FLOWING Casing PSI: 1725 Tubing PSI: _____ Choke Size: 14

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1268 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: 7847 Bottom: 15251 No. Holes: 432 Hole size: 0.46

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

CODELL: 7847-7903; 8238-8339; 8376-9501; 11,944-12,005; 12,972-13,055; 13,628-13,961; 14,464-14,617; 14,694-15,251;

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: 8339 Bottom: 8376 No. Holes: 432 Hole size: 0.46
 Provide a brief summary of the formation treatment: _____ Open Hole:

FT HAYS: 8339-8376;

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 HAD A DELAYED COMPLETION. THE TPZ FOOTAGES ON FORM 5 SHOULD BE REVISED TO 2357 FNL, 2300 FWL.
 SEE ATTACHMENT FOR COPY OF WELL PATH THROUGH FORMATIONS.

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 |
|-------------|-------|
| 401166257 | OTHER |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)