

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



DE	ET	OE	ES
----	----	----	----

Document Number:
401167877

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: <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>05-069-06484-00</u>	6. County: <u>LARIMER</u>
7. Well Name: <u>FOLLEY SOUTH</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>13</u> Township: <u>5N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/16/2016 End Date: 09/25/2016 Date of First Production this formation: 12/04/2016
Perforations Top: 7513 Bottom: 16934 No. Holes: 843 Hole size: 0.46

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

"PERF AND FRAC FROM 7513-16,934.
543 BBL 7.5% HCL ACID, 14,213 BBL PUMP DOWN, 256,745 BBL SLICKWATER, - 271,501 BBL TOTAL FLUID
7,490,318# 40/70 PREMIUM, - 7,490,318# TOTAL SAND."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 271501

Max pressure during treatment (psi): 7812

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): 0.87

Total acid used in treatment (bbl): 543

Number of staged intervals: 47

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 14266

Fresh water used in treatment (bbl): 270958

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 7490318

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/14/2016 Hours: 24 Bbl oil: 402 Mcf Gas: 274 Bbl H2O: 1

Calculated 24 hour rate: Bbl oil: 402 Mcf Gas: 274 Bbl H2O: 1 GOR: 681

Test Method: FLOWING Casing PSI: 1107 Tubing PSI: _____ Choke Size: 16

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1392 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.

Comment:

THIS WELL HAD A DELAYED COMPLETION. THE TPZ FOOTAGES ON FORM 5 SHOULD BE REVISED TO 973 FSL; 725 FEL.

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

Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)