

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:

401179909

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: 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 05-123-41938-00
6. County: WELD
7. Well Name: MEGUIRE
Well Number: 29C-16HZ
8. Location: QtrQtr: SWNW Section: 21 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 11324 Bottom: 11907 No. Holes: 447 Hole size: 0.44
Provide a brief summary of the formation treatment: Open Hole: ☐

CARLILE: 11,324-11,907;

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: CODELL		Status: COMMINGLED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 7883	Bottom: 15376	No. Holes: 447	Hole size: 0.44	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
CODELL: 7883-8866; 8901-11,324; 11,907-13,166; 14,422-15,376;					
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					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: FORT HAYS		Status: COMMINGLED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 8866	Bottom: 14422	No. Holes: 447	Hole size: 0.44	

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

FT HAYS: 8866-8901; 13,371-14,422;

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: <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: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA		Status: COMMINGLED		Treatment Type: _____	
Treatment Date: _____		End Date: _____		Date of First Production this formation: _____	
Perforations	Top: 13166	Bottom: 13371	No. Holes: 447	Hole size: 0.44	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
NIOBRARA: 13,166-13,371;					
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					
<u>Test Information:</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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: NIOBRARA-FORT HAYS-CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/01/2016 End Date: 12/11/2016 Date of First Production this formation: 12/22/2016

Perforations Top: 7883 Bottom: 15376 No. Holes: 447 Hole size: 0.44

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

PERF AND FRAC FROM 7883-15,376.
76 BBL 7.5% HCL ACID, 4,715 BBL PUMP DOWN, 135,493 BBL SLICKWATER, - 140,284 BBL TOTAL FLUID
4,075,041# 40/70 OTTAWA/ST. PETERS, - 4,075,041# TOTAL SAND.

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

Total fluid used in treatment (bbl): 140284 Max pressure during treatment (psi): 7944

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): 76 Number of staged intervals: 19

Recycled water used in treatment (bbl): 1080 Flowback volume recovered (bbl): 10549

Fresh water used in treatment (bbl): 139128 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 4075041 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/31/2016 Hours: 24 Bbl oil: 187 Mcf Gas: 395 Bbl H2O: 297

Calculated 24 hour rate: Bbl oil: 187 Mcf Gas: 395 Bbl H2O: 297 GOR: 2112

Test Method: FLOWING Casing PSI: 1835 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.

Comment:

THIS WELL HAD A DELAYED COMPLETION. THE TPZ FOOTAGES ON FORM 5 SHOULD BE REVISED TO 2447 FNL; 377 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
401179910	OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)