

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:

401306848

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 05-123-41314-00  
6. County: WELD  
7. Well Name: WHISPER ROCK  
Well Number: 3C-25HZ  
8. Location: QtrQtr: NESE Section: 26 Township: 4N Range: 68W 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: 8055 Bottom: 8854 No. Holes: 333 Hole size: 0.44  
Provide a brief summary of the formation treatment: Open Hole: ☐

CARLILE: 8055-8854;

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-CARLILE		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 05/01/2017		End Date: 05/05/2017		Date of First Production this formation: 05/30/2017	
Perforations	Top: 7909	Bottom: 13323	No. Holes: 333	Hole size: 0.44	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
PERF AND FRAC FROM 7909-13323. 52 BBL 7.5% HCL ACID, 2,636 BBL PUMP DOWN, 98,124 BBL SLICKWATER, - 100,812 TOTAL FLUID 2,996,400# 40/70 OTTAWA/ST. PETERS, - 2,996,400# TOTAL SAND.					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Total fluid used in treatment (bbl): 100812			Max pressure during treatment (psi): 7531		
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): 0.80		
Total acid used in treatment (bbl): 52			Number of staged intervals: 14		
Recycled water used in treatment (bbl): 13153			Flowback volume recovered (bbl): 1759		
Fresh water used in treatment (bbl): 87607			Disposition method for flowback: RECYCLE		
Total proppant used (lbs): 2996400			Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>		
Reason why green completion not utilized: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b><u>Test Information:</u></b>					
Date: 06/27/2017	Hours: 24	Bbl oil: 62	Mcf Gas: 71	Bbl H2O: 2387	
Calculated 24 hour rate:	Bbl oil: 62	Mcf Gas: 71	Bbl H2O: 2387	GOR: 1145	
Test Method: FLOWING	Casing PSI: 2250	Tubing PSI: _____	Choke Size: 14/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1327	API Gravity Oil: 48		
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: CODELL Status: COMMINGLED Treatment Type: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 7909 Bottom: 13323 No. Holes: 333 Hole size: 0.44  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

CODELL: 7909-8055; 8854-13,323;

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 ESTIMATED TPZ FOOTAGES ON FORM 5 SHOULD BE REVISED TO 2262 FSL 749 FEL SEC 26.

SEE ATTACHMENT FOR COPY OF WELL PATH THROUGH FORMATIONS.

THE WELL WAS TURNED TO PRODUCTION 5/30/2017, BUT 6/27/2017 24 HR TEST DATA WAS THE FIRST DATE IT PRODUCED HYDROCARBONS.

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**

401306860 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)