

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:

401331927

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>05-123-41068-00</u> | 6. County: <u>WELD</u> |
| 7. Well Name: <u>WHISPER ROCK</u> | Well Number: <u>9N-25HZ</u> |
| 8. Location: QtrQtr: <u>SESE</u> Section: <u>26</u> Township: <u>4N</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: 05/19/2017 End Date: 05/27/2017 Date of First Production this formation: 06/22/2017
Perforations Top: 7869 Bottom: 13109 No. Holes: 1296 Hole size: 0.46

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

"PERF AND FRAC FROM 7869-13109.
1,029 BBL 7.5% HCL ACID, 9,604 BBL PUMP DOWN, 184,730 BBL SLICKWATER, - 195,363 BBLS TOTAL FLUID
1,584,500# 40/70 OTTOWA, - 1,584,500# TOTAL SAND."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 195363

Max pressure during treatment (psi): 7970

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): 0.91

Total acid used in treatment (bbl): 1029

Number of staged intervals: 54

Recycled water used in treatment (bbl): 21371

Flowback volume recovered (bbl): 3682

Fresh water used in treatment (bbl): 172963

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1584500

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/04/2017 Hours: 24 Bbl oil: 182 Mcf Gas: 204 Bbl H2O: 401

Calculated 24 hour rate: Bbl oil: 182 Mcf Gas: 204 Bbl H2O: 401 GOR: 1121

Test Method: FLOWING Casing PSI: 1550 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1319 API Gravity Oil: 52

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 ARE CORRECT AND DO NOT NEED REVISION.

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

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

Total: 0 comment(s)