

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:

401322079

Date Received:

07/18/2017

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 05-123-41067-00

6. County: WELD

7. Well Name: WHISPER ROCK
Well Number: 8N-25HZ

8. Location: QtrQtr: SESE Section: 26 Township: 4N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

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: 06/23/2017
Perforations Top: 7826 Bottom: 13208 No. Holes: 1320 Hole size: 0.46

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

"PERF AND FRAC FROM 7826-13208.
1,029 BBLs 7.5% HCL ACID, 9,948 BBL PUMP DOWN, 188,671 BBL SLICKWATER, - 199,648 TOTAL FLUID
9,412,650# 40/70 OTTAWA/ST. PETERS, - 9,412,650# TOTAL SAND."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 199648

Max pressure during treatment (psi): 8307

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): 0.93

Total acid used in treatment (bbl): 1029

Number of staged intervals: 55

Recycled water used in treatment (bbl): 21835

Flowback volume recovered (bbl): 5364

Fresh water used in treatment (bbl): 176784

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 9412650

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: 1675 Tubing PSI: _____ Choke Size: 14/64
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 5 IS CORRECT AND DOES NOT NEED TO BE REVISED.

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: 7/18/2017 Email: ila.beale@anadarko.com

Attachment Check List

Att Doc Num	Name
401322079	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator verified the 55 staged intervals	09/06/2017
Permit	Verify number of staged intervals Missing Form 7 for Mar-Aug 2016, May 2017	08/24/2017

Total: 2 comment(s)