

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:

401305854

Date Received:

06/22/2017

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 05-123-41312-00

7. Well Name: WILSON RANCH

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

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 32N-S27HZ

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/30/2017 End Date: 05/07/2017 Date of First Production this formation: 05/28/2017  
Perforations Top: 7734 Bottom: 16377 No. Holes: 696 Hole size: 0.44

Provide a brief summary of the formation treatment:

Open Hole: ☐

"PERF AND FRAC FROM 7734-16377.  
602 BBL 7.5% HCL ACID, 8,515 BBL PUMP DOWN, 211,768 BBL SLICKWATER, - 220,885 TOTAL FLUID  
6,279,800# 40/70 OTTAWA/ST. PETERS, - 6,279,800# TOTAL SAND."

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

Total fluid used in treatment (bbl): 220885

Max pressure during treatment (psi): 8142

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): 0.92

Total acid used in treatment (bbl): 602

Number of staged intervals: 32

Recycled water used in treatment (bbl): 26332

Flowback volume recovered (bbl): 4158

Fresh water used in treatment (bbl): 193951

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 6279800

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 06/10/2017 Hours: 24 Bbl oil: 65 Mcf Gas: 110 Bbl H2O: 654  
Calculated 24 hour rate: Bbl oil: 65 Mcf Gas: 110 Bbl H2O: 654 GOR: 1692  
Test Method: FLOWING Casing PSI: 1900 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: \_\_\_\_\_

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 2521 FNL  
878 FEL SEC 26.

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: 6/22/2017 Email: ila.beale@anadarko.com

### Attachment Check List

**Att Doc Num** **Name**

401305854 FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)