

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:

401307654

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: <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>05-123-41317-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>WHISPER ROCK</u>	Well Number: <u>5N-25HZ</u>
8. Location: QtrQtr: <u>NESE</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: 04/22/2017 End Date: 04/29/2017 Date of First Production this formation: 05/28/2017

Perforations Top: 7842 Bottom: 13645 No. Holes: 1320 Hole size: 0.44

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

"PERF AND FRAC FROM 7842-13645.
1053 BBL 7.5% HCL ACID, 10,580 BBL PUMP DOWN, 204,136 BBL SLICKWATER, - 215,769 TOTAL FLUID
10,186,360# 40/70 OTTAWA/ST. PETERS, - 10,186,360# TOTAL SAND."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 215769

Max pressure during treatment (psi): 8121

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): 0.94

Total acid used in treatment (bbl): 1053

Number of staged intervals: 55

Recycled water used in treatment (bbl): 16582

Flowback volume recovered (bbl): 6203

Fresh water used in treatment (bbl): 198134

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 10186360

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/16/2017 Hours: 24 Bbl oil: 121 Mcf Gas: 205 Bbl H2O: 508

Calculated 24 hour rate: Bbl oil: 121 Mcf Gas: 205 Bbl H2O: 508 GOR: 1694

Test Method: FLOWING Casing PSI: 2050 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 2257 FNL 1140 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**

401307654 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Number of staged intervals verified by operator	09/08/2017
Permit	Verify the number of staged intervals	09/06/2017

Total: 2 comment(s)