

**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:
401299084

Date Received:
06/15/2017

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>05-123-41296-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>WHISPER ROCK</u>	Well Number: <u>2C-25HZ</u>
8. Location: QtrQtr: <u>SENE</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: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/13/2017 End Date: 05/17/2017 Date of First Production this formation: 05/23/2017
Perforations Top: 7923 Bottom: 13484 No. Holes: 330 Hole size: 0.46

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

"PERF AND FRAC FROM 7923-13,484.
19 BBL 7.5% HCL ACID, 2,747 BBL PUMP DOWN, 100,992 BBL SLICKWATER, - 103,758 TOTAL FLUID
3,073,295# 40/70 OTTAWA/ST. PETERS, - 3,073,295# TOTAL SAND."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 103758 Max pressure during treatment (psi): 7579

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): 19 Number of staged intervals: 14

Recycled water used in treatment (bbl): 1579 Flowback volume recovered (bbl): 12466

Fresh water used in treatment (bbl): 102160 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 3073295 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/05/2017 Hours: 24 Bbl oil: 39 Mcf Gas: 51 Bbl H2O: 272

Calculated 24 hour rate: Bbl oil: 39 Mcf Gas: 51 Bbl H2O: 272 GOR: 1308

Test Method: FLOWING Casing PSI: 1900 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1327 API Gravity Oil: 54

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 ARE CORRECT AND NO REVISION IS REQUIRED.

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: 6/15/2017 Email: ila.beale@anadarko.com

Attachment Check List

Att Doc Num	Name
401299084	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)