

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:

401396776

Date Received:

09/14/2017

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 &amp; 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>05-123-42567-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>PUMA FED</u>	Well Number: <u>34N-35HZ</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>23</u> Township: <u>1N</u> Range: <u>67W</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: 08/07/2017 End Date: 08/18/2017 Date of First Production this formation: 08/27/2017

Perforations Top: 8028 Bottom: 17693 No. Holes: 876 Hole size: 0.44

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

"PERF AND FRAC FROM 8028-17,693.  
710 BBL 7.5% HCL ACID, 10,604 BBL PUMP DOWN, 262,993 BBL SLICKWATER, - 274,307 TOTAL FLUID  
7,747,250# 40/70 OTTAWA/ST. PETERS, - 7,747,250# TOTAL SAND."

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 274307

Max pressure during treatment (psi): 7652

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): 0.87

Total acid used in treatment (bbl): 710

Number of staged intervals: 37

Recycled water used in treatment (bbl): 11810

Flowback volume recovered (bbl): 2005

Fresh water used in treatment (bbl): 261787

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 7747250

Rule 805 green completion techniques were utilized:

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

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

#### Test Information:

Date: 09/06/2017 Hours: 24 Bbl oil: 78 Mcf Gas: 186 Bbl H2O: 28

Calculated 24 hour rate: Bbl oil: 78 Mcf Gas: 186 Bbl H2O: 28 GOR: 2385

Test Method: FLOWING Casing PSI: 1350 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1304 API Gravity Oil: 53

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 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: 9/14/2017 Email: ila.beale@anadarko.com

### Attachment Check List

Att Doc Num	Name
401396776	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 5A Doc #401396776 has been reviewed	10/06/2017

Total: 1 comment(s)