

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:

401255051

Date Received:

04/27/2017

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 05-123-41557-00

7. Well Name: CARTER

8. Location: QtrQtr: NENW Section: 33 Township: 2N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 13N-33HZ

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/08/2017 End Date: 03/16/2017 Date of First Production this formation: 04/04/2017
Perforations Top: 7819 Bottom: 12614 No. Holes: 1146 Hole size: 0.44

Provide a brief summary of the formation treatment:

Open Hole: ☐

"PERF AND FRAC FROM 7819-12614.
914 BBLS 7.5% HCL ACID, 9,089 BBLS PUMP DOWN, 169,240 BBLS SLICKWATER, - 179,243 TOTAL FLUID;
1,441,113# 40/70 OTTAWA/ST. PETERS, - 1,441,113# TOTAL SAND."

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

Total fluid used in treatment (bbl): 179243

Max pressure during treatment (psi): 8084

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): 0.89

Total acid used in treatment (bbl): 914

Number of staged intervals: 48

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 1283

Fresh water used in treatment (bbl): 178329

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 1441113

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/16/2017 Hours: 24 Bbl oil: 136 Mcf Gas: 243 Bbl H2O: 366
Calculated 24 hour rate: Bbl oil: 136 Mcf Gas: 243 Bbl H2O: 366 GOR: 1787
Test Method: FLOWING Casing PSI: 1970 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1296 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 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: 4/27/2017 Email: ila.beale@anadarko.com

Attachment Check List

Att Doc Num Name

401255051 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 7 - missing Mar-Aug 2016, Feb 2017	10/19/2017

Total: 1 comment(s)