

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:

401439214

Date Received:

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 05-123-43342-00

7. Well Name: CAMENISCH

8. Location: QtrQtr: SWSW Section: 2 Township: 1N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 29N-35HZ

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 09/12/2017 End Date: 09/25/2017 Date of First Production this formation: 10/06/2017
Perforations Top: 7950 Bottom: 13867 No. Holes: 1356 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: ☐

"PERF AND FRAC FROM 7950-13867.
95 BBL 15% HCL ACID, 1,029 BBL 7.5% HCL ACID, 12,415 BBL PUMP DOWN, 207,843 BBL SLICKWATER, - 221,382 TOTAL FLUID
1,753,470# 40/70 OTTAWA/ST. PETERS, - 1,753,470# TOTAL SAND."

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

Total fluid used in treatment (bbl): 221382

Max pressure during treatment (psi): 7695

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): 0.84

Total acid used in treatment (bbl): 1124

Number of staged intervals: 56

Recycled water used in treatment (bbl): 17211

Flowback volume recovered (bbl): 4627

Fresh water used in treatment (bbl): 203047

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1753470

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/16/2017 Hours: 24 Bbl oil: 231 Mcf Gas: 339 Bbl H2O: 287
Calculated 24 hour rate: Bbl oil: 231 Mcf Gas: 339 Bbl H2O: 287 GOR: 1467
Test Method: FLOWING Casing PSI: 1600 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1249 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: _____ Email: ila.beale@anadarko.com

Attachment Check List

Att Doc Num **Name**

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)