

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:
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: <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>05-123-43342-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>CAMENISCH</u>	Well Number: <u>29N-35HZ</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>2</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: 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

User Group

Comment

Comment Date

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)