

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 401439941 Date Received:				
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> 2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u> 3. Address: <u>P O BOX 173779</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	4. Contact Name: <u>SAMANTHA PETITE</u> Phone: <u>(720) 929-3167</u> Fax: _____ Email: <u>samantha.petite@anadarko.com</u>
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5. API Number <u>05-123-43341-00</u> 7. Well Name: <u>CAMENISCH</u> 8. Location: QtrQtr: <u>SWSW</u> Section: <u>2</u> Township: <u>1N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>3N-35HZ</u> Range: <u>67W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>09/12/2017</u>	End Date: <u>09/25/2017</u>	Date of First Production this formation: <u>10/06/2017</u>
Perforations Top: <u>8241</u>	Bottom: <u>13907</u>	No. Holes: <u>1296</u> Hole size: <u>0.42</u>

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

PERF AND FRAC FROM 8,241-13,907.
176 BBL 15% HCL ACID, 1,038 BBL 7.5% HCL ACID, 10,155 BBL PUMP DOWN, 198,062 BBL SLICKWATER, 209,431 TOTAL FLUID, 1,651,016# 40/70 OTTAWA/ST. PETERS, 1651,016# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>209431</u>	Max pressure during treatment (psi): <u>7993</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.30</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.83</u>
Total acid used in treatment (bbl): <u>1214</u>	Number of staged intervals: <u>55</u>
Recycled water used in treatment (bbl): <u>18279</u>	Flowback volume recovered (bbl): <u>3167</u>
Fresh water used in treatment (bbl): <u>189938</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>1651016</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>10/26/2017</u>	Hours: <u>24</u>	Bbl oil: <u>82</u>	Mcf Gas: <u>198</u>	Bbl H2O: <u>143</u>
Calculated 24 hour rate:	Bbl oil: <u>82</u>	Mcf Gas: <u>198</u>	Bbl H2O: <u>143</u>	GOR: <u>2415</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1650</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1249</u>	API Gravity Oil: <u>53</u>	
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 SHOULD BE REVISED TO 328 FSL 2107 FWL SEC 2.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: SAMANTHA PETITE

Title: REGULATORY COMPLIANCE

Date: _____

Email samantha.petite@anadarko.com

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Attachment Check List

Att Doc Num **Name**

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)