

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:  
401451551

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 &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>05-123-43305-00</u>   | 6. County: <u>WELD</u>       |
| 7. Well Name: <u>HILGERS</u>   | Well Number: <u>41N-26HZ</u> |
| 8. Location: QtrQtr: <u>SESE</u> Section: <u>22</u> Township: <u>3N</u> Range: <u>68W</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: 09/06/2017 End Date: 09/29/2017 Date of First Production this formation: 10/18/2017  
Perforations Top: 7876 Bottom: 12704 No. Holes: 1032 Hole size: 0.44

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

PERF AND FRAC FROM 7876-12704.  
471 BBL 7.5% HCL ACID, 6,767 BBL PUMP DOWN, 158,610 BBL SLICKWATER, - 165,849 TOTAL FLUID  
1,361,940# 40/70 OTTAWA/ST. PETERS, - 1,361,940# TOTAL SAND.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 165849 Max pressure during treatment (psi): 7698  
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): 471 Number of staged intervals: 46  
Recycled water used in treatment (bbl): 450 Flowback volume recovered (bbl): 1023  
Fresh water used in treatment (bbl): 164927 Disposition method for flowback: RECYCLE  
Total proppant used (lbs): 1361940 Rule 805 green completion techniques were utilized:   
Reason why green completion not utilized: \_\_\_\_\_

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

#### Test Information:

Date: 10/24/2017 Hours: 24 Bbl oil: 55 Mcf Gas: 72 Bbl H2O: 92  
Calculated 24 hour rate: Bbl oil: 55 Mcf Gas: 72 Bbl H2O: 92 GOR: 1309  
Test Method: FLOWING Casing PSI: 1700 Tubing PSI: Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1310 API Gravity Oil: 51  
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 308 FNL 196 FWL SEC 26.

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**

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

Total: 0 comment(s)