

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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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 4. Contact Name: SAMANTHA PETITE
 2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-3167
 3. Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217- Email: samantha.petite@anadarko.com

5. API Number 05-123-43261-00 6. County: WELD
 7. Well Name: HILGERS Well Number: 12N-22HZ
 8. Location: QtrQtr: NESE Section: 22 Township: 3N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/30/2017 End Date: 10/08/2017 Date of First Production this formation: 10/19/2017

Perforations Top: 7616 Bottom: 12199 No. Holes: 1104 Hole size: 0.44

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

PERF AND FRAC FROM 7,616-12,199.
462 BBL ACID, 6,435 BBL PUMP DOWN, 160,029 BBL SLICKWATER, 166,926 TOTAL FLUID,
1,377,600# 40/70 OTTAWA/ST. PETERS, 1,377,600# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 166926 Max pressure during treatment (psi): 7461

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): 0.90

Total acid used in treatment (bbl): 462 Number of staged intervals: 46

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 6147

Fresh water used in treatment (bbl): 166464 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 1377600 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/03/2017 Hours: 24 Bbl oil: 60 Mcf Gas: 63 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 60 Mcf Gas: 63 Bbl H2O: 0 GOR: 1050

Test Method: FLOWING Casing PSI: 900 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 1936 FSL 1029 FEL SEC 22.

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)