

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/26/2016 End Date: 10/06/2016 Date of First Production this formation: 10/22/2016
Perforations Top: 7406 Bottom: 17712 No. Holes: 921 Hole size: 0.46

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

"PERF AND FRAC FROM 7406-17712.
738 BBL 7.5% HCL ACID, 13,944 BBL PUMP DOWN, 278,880 BBL SLICKWATER, - 293,562 BBL TOTAL FLUID
8,508,783# 40/70 OTTAWA/ST. PETERS, - 8,508,783# TOTAL SAND."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 293562 Max pressure during treatment (psi): 7785

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): 738 Number of staged intervals: 39

Recycled water used in treatment (bbl): 2370 Flowback volume recovered (bbl): 8127

Fresh water used in treatment (bbl): 290454 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 8508783 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/08/2016 Hours: 24 Bbl oil: 116 Mcf Gas: 249 Bbl H2O: 271

Calculated 24 hour rate: Bbl oil: 116 Mcf Gas: 249 Bbl H2O: 271 GOR: 2147

Test Method: FLOWING Casing PSI: 1500 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1363 API Gravity Oil: 54

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: _____

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: 11/10/2016 Email: ila.beale@anadarko.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 401141115 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---|---------------------|
| Permit | Form 7 missing Mar, Aug-Sept 2016, Oct-Nov 2017 Form 5A, Doc #401141115 has been approved for NBRR | 11/30/2017 |

Total: 1 comment(s)