

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP 3. Address: P O BOX 173779 City: DENVER State: CO Zip: 80217- 4. Contact Name: ILA BEALE Phone: (720) 929-6408 Fax: Email: ila.beale@anadarko.com

5. API Number 05-123-42239-00 6. County: WELD 7. Well Name: COOK Well Number: 16C-28HZ 8. Location: QtrQtr: SESE Section: 16 Township: 2N Range: 65W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: Treatment Date: End Date: Date of First Production this formation: Perforations Top: 10627 Bottom: 17877 No. Holes: 524 Hole size: 0.46 Provide a brief summary of the formation treatment: Open Hole: [] CARLILE 10,627-10,834; 12,091-12,148; 13,008-13,043; 16,991-17,877;

This formation is commingled with another formation: [X] Yes [] No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: [] Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: 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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7675 Bottom: 16916 No. Holes: 524 Hole size: 0.46

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

CODELL 7675-10,090; 10,394-10,627; 11,712-12,091; 12,161-13,008; 13,397-16,916;

This formation is commingled with another formation: Yes No

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

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

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 10207 Bottom: 16991 No. Holes: 524 Hole size: 0.46

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

FT HAYS 10,207-10,394; 10,987-10,988; 11,129-11,712; 12,148-12,161; 13,152-13,397; 16,916-16,991;

This formation is commingled with another formation: Yes No

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

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

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: _____

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 10090 Bottom: 13152 No. Holes: 524 Hole size: 0.46

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

NIOBRARA 10,090-10,207; 10,834-10,987; 10,988-11,129; 13,043-13,152;

This formation is commingled with another formation: Yes No

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

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

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

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

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

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

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

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.

FORMATION: NIOBRARA-FORT HAYS-CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/01/2016 End Date: 10/06/2016 Date of First Production this formation: 10/20/2016
Perforations Top: 7675 Bottom: 17877 No. Holes: 524 Hole size: 0.46

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

PERF AND FRAC FROM 7675-17877.
310 BBL 7.5% HCL ACID, 7,438 BBL PUMP DOWN, 154,630 BBL SLICKWATER, 162,377 BBL TOTAL FLUID
4,693,020# 40/70 OTTAWA/ST. PETERS, - 4,693,020# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 162377 Max pressure during treatment (psi): 7772
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): 0.89
Total acid used in treatment (bbl): 310 Number of staged intervals: 26
Recycled water used in treatment (bbl): 750 Flowback volume recovered (bbl): 4945
Fresh water used in treatment (bbl): 161318 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 4693020 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/05/2016 Hours: 24 Bbl oil: 125 Mcf Gas: 269 Bbl H2O: 334
Calculated 24 hour rate: Bbl oil: 125 Mcf Gas: 269 Bbl H2O: 334 GOR: 2152
Test Method: FLOWING Casing PSI: 1800 Tubing PSI: Choke Size: 18/64
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:

SEE ATTACHMENT FOR COPY OF WELL PATH THROUGH FORMATIONS.

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
401140791	FORM 5A SUBMITTED
401147050	OTHER

Total Attach: 2 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#401140791 has been approved for NBRR-FTHYS-CODL-CARL	11/30/2017

Total: 1 comment(s)