

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/11/2016 End Date: 02/19/2016 Date of First Production this formation: 03/18/2016
Perforations Top: 7648 Bottom: 11930 No. Holes: 524 Hole size: 0.42

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

"PERF AND FRAC FROM 7648-11,930.
524 BBL ACID, 151,497 BBL SLICKWATER, 3,807 BBL WATER, - 155,827 BBL TOTAL FLUID
738,430# 100 MESH OTTAWA/ST. PETERS, 3,735,300# 40/70 OTTAWA/ST. PETERS, - 4,473,730# TOTAL SAND."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 155827 Max pressure during treatment (psi): 7887

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): 1.05

Total acid used in treatment (bbl): 524 Number of staged intervals: 22

Recycled water used in treatment (bbl): 150 Flowback volume recovered (bbl): 21117

Fresh water used in treatment (bbl): 155154 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 4473730 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/27/2016 Hours: 24 Bbl oil: 102 Mcf Gas: 112 Bbl H2O: 333

Calculated 24 hour rate: Bbl oil: 102 Mcf Gas: 112 Bbl H2O: 333 GOR: 1098

Test Method: FLOWING Casing PSI: 1800 Tubing PSI: Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1373 API Gravity Oil: 47

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: 4/11/2016 Email: ila.beale@anadarko.com

Attachment Check List

Att Doc Num	Name
401018842	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Form 5A, Doc #401018842 has been approved for NBRR	01/08/2018

Total: 1 comment(s)