

FORM
5ARev
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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Document Number:

401504535

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: Callie Fiddes
 2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-4361
 3. Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217- Email: Callie.Fiddes@Anadarko.com

5. API Number 05-123-43806-00 6. County: WELD
 7. Well Name: BABCOCK Well Number: 22N-33HZ
 8. Location: QtrQtr: SENW Section: 4 Township: 2N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATIONTreatment Date: 10/25/2017 End Date: 11/23/2017 Date of First Production this formation: 12/21/2017Perforations Top: 7761 Bottom: 12026 No. Holes: 960 Hole size: 0.44

Provide a brief summary of the formation treatment:

Open Hole: ☐

COMPLETED THROUGH AN OPEN HOLE LINER FROM 10761-12026. 409 BBL 7.5% HCL ACID, 146,803 BBL SLICKWATER, 5,956 BBL WATER, 153,168 TOTAL FLUID, 1,262,600# 40/70 OTTAWA/ST. PETERS, 1,262,600# TOTAL SAND.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 153168Max pressure during treatment (psi): 7778Total gas used in treatment (mcf): 0Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.90Total acid used in treatment (bbl): 409Number of staged intervals: 40Recycled water used in treatment (bbl): 450Flowback volume recovered (bbl): 3806Fresh water used in treatment (bbl): 152309Disposition method for flowback: RECYCLETotal proppant used (lbs): 1262600Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/03/2018 Hours: 24 Bbl oil: 129 Mcf Gas: 266 Bbl H2O: 219Calculated 24 hour rate: Bbl oil: 129 Mcf Gas: 266 Bbl H2O: 219 GOR: 1752Test Method: Flowing Casing PSI: 1500 Tubing PSI: _____ Choke Size: 14/64Gas Disposition: SOLD Gas Type: WET Btu Gas: 1282 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:

This well had a delayed completion. The estimated TPZ footages on form 5 should be revised to 2264' FNL, 1696' FWL, Sec 4.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Callie Fiddes

Title: Regulatory Analyst Date: _____ Email: Callie.Fiddes@Anadarko.com
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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)