

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:

401505731

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 05-123-43803-00 6. County: WELD  
 7. Well Name: BABCOCK Well Number: 11N-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: 10/26/2017 End Date: 11/24/2017 Date of First Production this formation: 12/21/2017Perforations Top: 7773 Bottom: 12139 No. Holes: 984 Hole size: 0.44

Provide a brief summary of the formation treatment:

Open Hole: ☐

COMPLETED THROUGH AN OPEN HOLE LINER FROM 7773-12139. 652 BBL 7.5% HCL ACID, 150,405 BBL SLICKWATER, 7,912 BBL WATER, 158,969 TOTAL FLUID, 1,268,050# 40/70 OTTAWA/ST. PETERS, 1,268,050# TOTAL SAND.

This formation is commingled with another formation: ☐ Yes ☒ NoTotal fluid used in treatment (bbl): 158969Max pressure during treatment (psi): 8062Total 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): 0.93Total acid used in treatment (bbl): 652Number of staged intervals: 41Recycled water used in treatment (bbl): 750Flowback volume recovered (bbl): 3806Fresh water used in treatment (bbl): 157567Disposition method for flowback: RECYCLETotal proppant used (lbs): 1268050Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

Fracture stimulations must be reported on [FracFocus.org](http://FracFocus.org)

## Test Information:

Date: 01/05/2018 Hours: 24 Bbl oil: 104 Mcf Gas: 146 Bbl H2O: 211Calculated 24 hour rate: Bbl oil: 104 Mcf Gas: 146 Bbl H2O: 211 GOR: 1404Test Method: Flowing Casing PSI: 1650 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 2294' FNL, 1859' 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)