

FORM
5A

Rev
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



DE ET OE ES

Document Number:

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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
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: Callie Fiddes
Phone: (720) 929-4361
Fax:
Email: Callie.Fiddes@Anadarko.com

5. API Number 05-123-43802-00
6. County: WELD
7. Well Name: BABCOCK
Well Number: 14C-33HZ
8. Location: QtrQtr: SENW Section: 4 Township: 2N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

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

Treatment Date: 10/26/2017 End Date: 11/15/2017 Date of First Production this formation: 12/21/2017

Perforations Top: 8434 Bottom: 12006 No. Holes: 168 Hole size: 0.44

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

PERF AND FRAC FROM 8434-12006. 133 BBL 7.5% HCL ACID, 65,254 BBL SLICKWATER, 1,388 BBL WATER, 66,776 TOTAL FLUID, 1,995,400# 40/70 OTTAWA/ST. PETERS, 1,995,400# TOTAL SAND.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 66776 Max pressure during treatment (psi): 6946

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): 0.75

Total acid used in treatment (bbl): 133 Number of staged intervals: 9

Recycled water used in treatment (bbl): 300 Flowback volume recovered (bbl): 3806

Fresh water used in treatment (bbl): 66343 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1995400 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/30/2017 Hours: 24 Bbl oil: 134 Mcf Gas: 205 Bbl H2O: 100

Calculated 24 hour rate: Bbl oil: 134 Mcf Gas: 205 Bbl H2O: 100 GOR: 1530

Test Method: Flowing Casing PSI: 1100 Tubing PSI: Choke Size: 14/64

Gas 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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 8434 Bottom: 12006 No. Holes: 168 Hole size: 0.44

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

Codell: 8434-8770, 8829-12006

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.

