

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:

401505904

Date Received:

01/17/2018

## 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 05-123-43802-00 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 STIMULATIONTreatment Date: 10/26/2017 End Date: 11/15/2017 Date of First Production this formation: 12/21/2017Perforations 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 ☒ NoTotal fluid used in treatment (bbl): 66776Max pressure during treatment (psi): 6946Total 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): 0.75Total acid used in treatment (bbl): 133Number of staged intervals: 9Recycled water used in treatment (bbl): 300Flowback volume recovered (bbl): 3806Fresh water used in treatment (bbl): 66343Disposition method for flowback: RECYCLETotal proppant used (lbs): 1995400Rule 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: 12/30/2017 Hours: 24 Bbl oil: 134 Mcf Gas: 205 Bbl H2O: 100Calculated 24 hour rate: Bbl oil: 134 Mcf Gas: 205 Bbl H2O: 100 GOR: 1530Test Method: Flowing Casing PSI: 1100 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.

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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 8770 Bottom: 8829 No. Holes: 168 Hole size: 0.44

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

Fort Hays: 8770-8829

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.

Comment:

This well had a delayed completion. The estimated TPZ footages on form 5 should be revised to 1792' FNL, 2232' 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: 1/17/2018 Email: Callie.Fiddes@Anadarko.com

### Attachment Check List

Att Doc Num Name

401505904 FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

User Group Comment Comment Date

Permit	In the combined formations panel, switched this formation is commingled with another formation from yes to no Form 5A, Doc #401505904 has been approved for FTHYS-CODL	02/26/2018
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Total: 1 comment(s)