

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



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Document Number:

401579784

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 05-123-44412-00

7. Well Name: BUTTERBALL

8. Location: QtrQtr: NENW Section: 10 Township: 2N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 25C2-34HZ

Completed Interval

| | | | | | |
|--|---|---|-------------------------------------|--|--|
| FORMATION: CODELL-FORT HAYS | | Status: PRODUCING | | Treatment Type: FRACTURE STIMULATION | |
| Treatment Date: 12/07/2017 | | End Date: 01/10/2018 | | Date of First Production this formation: 03/01/2018 | |
| Perforations | Top: 7950 | Bottom: 15765 | No. Holes: 372 | Hole size: 0.44 | |
| Provide a brief summary of the formation treatment: | | | Open Hole: <input type="checkbox"/> | | |
| PERF AND FRAC FROM 7950-15765. 81 BBL 7 1/2% HCL ACID, 4,197 BBL PUMP DOWN, 113,202 BBL SLICKWATER, 117,480 TOTAL FLUID, 3,421,080# 40/70 OTTAWA/ST. PETERS, 3,421,080# TOTAL SAND. | | | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Total fluid used in treatment (bbl): 117480 | | Max pressure during treatment (psi): 7413 | | | |
| 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): 0.81 | | | |
| Total acid used in treatment (bbl): 81 | | Number of staged intervals: 20 | | | |
| Recycled water used in treatment (bbl): 0 | | Flowback volume recovered (bbl): 3630 | | | |
| Fresh water used in treatment (bbl): 117399 | | Disposition method for flowback: DISPOSAL | | | |
| Total proppant used (lbs): 3421080 | | Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/> | | | |
| Reason why green completion not utilized: _____ | | | | | |
| Fracture stimulations must be reported on FracFocus.org | | | | | |
| Test Information: | | | | | |
| Date: 03/12/2018 | Hours: 24 | Bbl oil: 86 | Mcf Gas: 137 | Bbl H2O: 154 | |
| Calculated 24 hour rate: | Bbl oil: 86 | Mcf Gas: 137 | Bbl H2O: 154 | GOR: 1593 | |
| Test Method: Flowing | Casing PSI: 1100 | Tubing PSI: _____ | Choke Size: 14/64 | | |
| Gas Disposition: SOLD | Gas Type: WET | Btu Gas: 1308 | API Gravity Oil: 54 | | |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ | | |
| Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | |
| Date formation Abandoned: _____ | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 8040 Bottom: 15765 No. Holes: 372 Hole size: 0.44

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

Codell: 8040-13914, 14085-14517, 15408-15765

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: 7950 Bottom: 15408 No. Holes: 372 Hole size: 0.44

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

Fort Hays: 7950-8040, 13914-14085, 14517-15408

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 78' FSL, 2176' FEL, Sec 3.

Anadarko certifies compliance with rule 317.s.

See attachment for copy of well path through formations.

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

Attachment Check List

Att Doc Num Name

401580162 OTHER

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)