

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:
401052843

Date Received:
05/31/2016

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: ILA BEALE
Phone: (720) 929-6408
Fax:
Email: ila.beale@anadarko.com

5. API Number 05-123-22885-00
6. County: WELD
7. Well Name: DOLPH
Well Number: 12-1
8. Location: QtrQtr: NWSW Section: 1 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 08/29/2011
Perforations Top: 7920 Bottom: 7980 No. Holes: 112 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

See comment on Submit Tab

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: 08/31/2011 Hours: 24 Bbl oil: 31 Mcf Gas: 26 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 31 Mcf Gas: 26 Bbl H2O: 0 GOR: 839
Test Method: FLOWING Casing PSI: 868 Tubing PSI: 708 Choke Size:
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1282 API Gravity Oil: 48
Tubing Size: 2.375 Tubing Setting Depth: 7894 Tbg setting date: 08/18/2011 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: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 08/29/2011
Perforations Top: 7260 Bottom: 7490 No. Holes: 166 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

See comment on Submit Tab

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: 08/31/2011 Hours: 24 Bbl oil: 31 Mcf Gas: 26 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 31 Mcf Gas: 26 Bbl H2O: 0 GOR: 839
Test Method: FLOWING Casing PSI: 868 Tubing PSI: 708 Choke Size: _____
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1282 API Gravity Oil: 48
Tubing Size: 2.375 Tubing Setting Depth: 7894 Tbg setting date: 08/18/2011 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 was originally drilled and produced from the Codell in 2005. In 2007, it was recompleted in the J Sand and commingled with the Codell. In 2009 a CIBP was put over the Codell and the J Sand and the well was recompleted in the Niobrara. In August, 2011, the CIBP @ 7436 was milled out and pushed to 8055 and the well has been producing from the Niobrara, Codell and J Sand. No 5A was submitted for this operation in 2011.

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

Signed: _____ Print Name: ILA BEALE
Title: STAFF REG. SPECIALIST Date: 5/31/2016 Email: ila.beale@anadarko.com

Attachment Check List

Att Doc Num Name

401052843 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group Comment

Comment Date

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)