

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: 401840165

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 05-123-44205-00 6. County: WELD  
 7. Well Name: LEINWEBER FED Well Number: 4C-8HZ  
 8. Location: QtrQtr: NENE Section: 11 Township: 1N Range: 67W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 10279 Bottom: 13558 No. Holes: 624 Hole size: 0.44

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Carlile: 10279-10358, 13444-13558

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

Treatment Date: 09/14/2018 End Date: 10/01/2018 Date of First Production this formation: 11/03/2018

Perforations Top: 7962 Bottom: 21793 No. Holes: 624 Hole size: 0.44

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

PERF AND FRAC FROM 7962-21793.

205 BBL 7.5% HCL ACID, 10,096 BBL PUMP DOWN, 677,691 BBL SLICKWATER, , 687,992 TOTAL FLUID, 14,318,874# 40/70 GENOA/SAND HILLS, 14,318,874# TOTAL SAND.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 687992 Max pressure during treatment (psi): 8798

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): 0.76

Total acid used in treatment (bbl): 205 Number of staged intervals: 27

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 17323

Fresh water used in treatment (bbl): 687787 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 14318874 Rule 805 green completion techniques were utilized:

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

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: 11/12/2018 Hours: 24 Bbl oil: 170 Mcf Gas: 344 Bbl H2O: 140

Calculated 24 hour rate: Bbl oil: 170 Mcf Gas: 344 Bbl H2O: 140 GOR: 2024

Test Method: FLOWING Casing PSI: 1750 Tubing PSI: 1900 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1270 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7629 Tbg setting date: 11/09/2018 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: 7962 Bottom: 18646 No. Holes: 624 Hole size: 0.44

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Codell: 7962-9746, 9994-10279, 10358-13444, 13558-13755, 13876-18646

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: 9790 Bottom: 13866 No. Holes: 624 Hole size: 0.44

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Fort Hays: 9790-9994, 13755-13866

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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 9746 Bottom: 13876 No. Holes: 624 Hole size: 0.44

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Niobrara: 9746-9790, 13866-13876

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 are correct and do not need revision.  
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
401840177	OTHER

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)