


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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 401852288 Date Received:				
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: <u>47120</u> 2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u> 3. Address: <u>P O BOX 173779</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	4. Contact Name: <u>Callie Fiddes</u> Phone: <u>(720) 929-4361</u> Fax: _____ Email: <u>Callie.Fiddes@Anadarko.com</u>
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5. API Number <u>05-123-43571-00</u> 7. Well Name: <u>NORDEN</u> 8. Location: QtrQtr: <u>SWSE</u> Section: <u>14</u> Township: <u>1N</u> 9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	6. County: <u>WELD</u> Well Number: <u>27C-14HZ</u> Range: <u>67W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: _____	End Date: _____	Date of First Production this formation: _____
Perforations Top: <u>8149</u>	Bottom: <u>11767</u>	No. Holes: <u>216</u> Hole size: <u>0.44</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>

Codell: 8149-10228, 10819-11767

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: <input type="checkbox"/>

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

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

Perforations Top: 10228 Bottom: 10448 No. Holes: 216 Hole size: 0.44

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

Fort Hays: 10228-10448

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-FT HAYS-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/20/2018 End Date: 08/23/2018 Date of First Production this formation: 11/02/2018

Perforations Top: 8149 Bottom: 11767 No. Holes: 216 Hole size: 0.44

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

PERF AND FRAC FROM 8149-11767.

29 BBL 7.5% HCL ACID, 917 BBL PUMP DOWN, 65,910 BBL SLICKWATER, 66,856 TOTAL FLUID, 2,010,825# 40/70 OTTAWA/ST. PETERS, 2,010,825# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 66856 Max pressure during treatment (psi): 7631

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): 0.89

Total acid used in treatment (bbl): 29 Number of staged intervals: 9

Recycled water used in treatment (bbl): 150 Flowback volume recovered (bbl): 5252

Fresh water used in treatment (bbl): 66677 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2010825 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/28/2018 Hours: 24 Bbl oil: 161 Mcf Gas: 213 Bbl H2O: 240

Calculated 24 hour rate: Bbl oil: 161 Mcf Gas: 213 Bbl H2O: 240 GOR: 1323

Test Method: Flowing Casing PSI: 1600 Tubing PSI: 1600 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1707 API Gravity Oil: 55

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7748 Tbg setting date: 11/27/2018 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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 10448 Bottom: 10819 No. Holes: 216 Hole size: 0.44

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

Niobrara: 10448-10819

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 1617' FSL, 1295' FEL, Sec 14.
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
401852309	OTHER

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)