

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 401853394

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 05-123-43572-00
6. County: WELD
7. Well Name: NORDEN Well Number: 2C-14HZ
8. Location: QtrQtr: SWSE Section: 14 Township: 1N Range: 67W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 9404 Bottom: 10509 No. Holes: 240 Hole size: 0.44

Provide a brief summary of the formation treatment: Open Hole:
Carlile: 9404-9860, 10252-10509

This formation is commingled with another formation: [X] 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: 08/24/2018 End Date: 08/27/2018 Date of First Production this formation: 11/02/2018

Perforations Top: 8038 Bottom: 11992 No. Holes: 240 Hole size: 0.44

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

PERF AND FRAC FROM 8038-11992.

90 BBL 7.5% HCL ACID, 959 BBL PUMP DOWN, 67,727 BBL SLICKWATER, 68,776 TOTAL FLUID, 2,060,009# 40/70 OTTAWA/ST. PETERS, 2,060,009# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 68776 Max pressure during treatment (psi): 7688

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): 0.84

Total acid used in treatment (bbl): 90 Number of staged intervals: 11

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 6751

Fresh water used in treatment (bbl): 68686 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2060009 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 11/26/2018 Hours: 24 Bbl oil: 149 Mcf Gas: 262 Bbl H2O: 100

Calculated 24 hour rate: Bbl oil: 149 Mcf Gas: 262 Bbl H2O: 100 GOR: 1758

Test Method: Flowing Casing PSI: 1100 Tubing PSI: 1800 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: 7478 Tbg setting date: 11/21/2018 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: PRODUCING Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 8038 Bottom: 11992 No. Holes: 240 Hole size: 0.44

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

Codell: 8038-9245, 9247-9248, 9860-10252, 10509-11992

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: 9245 Bottom: 9404 No. Holes: 240 Hole size: 0.44

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

Fort Hays: 9245-9247, 9248-9404

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 1227' FSL, 2255' 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

Table with 2 columns: Att Doc Num, Name. Row 1: 401853503, OTHER

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Stamp Upon Approval

Total: 0 comment(s)