

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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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 05-123-45247-00

7. Well Name: ROBIN

8. Location: QtrQtr: SESE Section: 9 Township: 1N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 9-15HZ

## Completed Interval

|  |   |   |
|--|---|---|
| FORMATION: NIOBRARA  | Status: PRODUCING   | Treatment Type: FRACTURE STIMULATION                                |
| Treatment Date: 12/09/2018   | End Date: 12/22/2018  | Date of First Production this formation: 02/03/2019                 |
| Perforations Top: 7703   | Bottom: 18303   | No. Holes: 1296 Hole size: 0.44                                     |
| Provide a brief summary of the formation treatment:  |   | Open Hole: <input type="checkbox"/>                                 |
| PERF AND FRAC FROM 7703-18303.   |   |   |
| 890 BBL 15% HCL ACID, 233 BBL 7.5% HCL ACID, 18,929 BBL PUMP DOWN, 301,269 BBL SLICKWATER, 321,321 TOTAL FLUID, 8,510,499# 40/70 OTTAWA/ST. PETERS, 8,510,499# TOTAL SAND. |   |   |
| This formation is commingled with another formation:   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Total fluid used in treatment (bbl): 321321  | Max pressure during treatment (psi): 7844   |   |
| 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): 0.91  |   |
| Total acid used in treatment (bbl): 1123   | Number of staged intervals: 54  |   |
| Recycled water used in treatment (bbl): 2700   | Flowback volume recovered (bbl): 20197  |   |
| Fresh water used in treatment (bbl): 317498  | Disposition method for flowback: RECYCLE  |   |
| Total proppant used (lbs): 8510499   | Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/> |   |
| Reason why green completion not utilized:  |   |   |
| <b>Fracture stimulations must be reported on FracFocus.org</b>   |   |   |
| <b>Test Information:</b>   |   |   |
| Date: 02/16/2019   | Hours: 24   | Bbl oil: 294 Mcf Gas: 310 Bbl H2O: 65                               |
| Calculated 24 hour rate:   | Bbl oil: 294  | Mcf Gas: 310 Bbl H2O: 65 GOR: 1054                                  |
| Test Method: Flowing   | Casing PSI: 2600  | Tubing PSI: 2000 Choke Size: 14/64                                  |
| Gas Disposition: SOLD  | Gas Type: WET   | Btu Gas: 1283 API Gravity Oil: 42                                   |
| Tubing Size: 2 + 3/8   | Tubing Setting Depth: 7228  | Tbg setting date: 02/13/2019 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.                |
| Comment:   |   |   |
| his well had a delayed completion. The estimated TPZ footages on form 5 should be revised to 535' FSL, 1116' FEL, Sec 9.   |   |   |
| Anadarko certifies compliance with rule 317.s.   |   |   |
| 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 |
|-------------|------|
|             |      |

Total Attach: 0 Files

### General Comments

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

Total: 0 comment(s)