

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:
401950963

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: <u>47120</u>	4. Contact Name: <u>Callie Fiddes</u>
2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-4361</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>Callie.Fiddes@Anadarko.com</u>

5. API Number <u>05-123-45250-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>ROBIN</u>	Well Number: <u>9-16HZ</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>9</u> Township: <u>1N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/30/2018 End Date: 01/14/2019 Date of First Production this formation: 02/07/2019
Perforations Top: 7486 Bottom: 18311 No. Holes: 1656 Hole size: 0.44

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

PERF AND FRAC FROM 7486-18311.

95 BBL 15% HCL ACID, 1,122 BBL 7.5% HCL ACID, 380,529 BBL PUMP DOWN, 18,628 BBL SLICKWATER, 400,374 TOTAL FLUID, 8,690,166# 40/70 OTTAWA/ST. PETERS, 8,690,166# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 400374

Max pressure during treatment (psi): 7956

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): 0.98

Total acid used in treatment (bbl): 1217

Number of staged intervals: 55

Recycled water used in treatment (bbl): 5500

Flowback volume recovered (bbl): 23470

Fresh water used in treatment (bbl): 393657

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 8690166

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/20/2019 Hours: 24 Bbl oil: 148 Mcf Gas: 118 Bbl H2O: 435

Calculated 24 hour rate: Bbl oil: 148 Mcf Gas: 118 Bbl H2O: 435 GOR: 797

Test Method: Flowing Casing PSI: 2500 Tubing PSI: 1900 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: 7067 Tbg setting date: 02/14/2019 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.

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

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)