

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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Document Number:

401984896

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 05-123-45915-00
6. County: WELD
7. Well Name: AZUL
Well Number: 13-2HZ
8. Location: QtrQtr: SWSW Section: 13 Township: 1N Range: 66W 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: 8601 Bottom: 11531 No. Holes: 288 Hole size: 0.44

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

Carlile: 8601-8618, 10508-10598, 11330-11531

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: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 8175 Bottom: 12408 No. Holes: 288 Hole size: 0.44

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

Codell: 8175-8601, 8618-10508, 10598-11330, 11531-12408

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-CODELL-CARLILE		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 02/05/2019		End Date: 02/07/2019		Date of First Production this formation: 02/19/2019	
Perforations	Top: 8064	Bottom: 12408	No. Holes: 288	Hole size: 0.44	

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

PERF AND FRAC FROM 8064-12408.

 19 BBL 7.5% HCL ACID, 2,182 BBL PUMP DOWN, 79,783 BBL SLICKWATER, 81,984 TOTAL FLUID, 2,408,960# 40/70 OTTAWA/ST. PETERS, 2,408,960# TOTAL SAND.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 81984	Max pressure during treatment (psi): 7623
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): 0.86
Total acid used in treatment (bbl): 19	Number of staged intervals: 12
Recycled water used in treatment (bbl): 600	Flowback volume recovered (bbl): 8431
Fresh water used in treatment (bbl): 81365	Disposition method for flowback: RECYCLE
Total proppant used (lbs): 2408960	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/24/2019	Hours: 24	Bbl oil: 159	Mcf Gas: 183	Bbl H2O: 7
Calculated 24 hour rate:	Bbl oil: 159	Mcf Gas: 183	Bbl H2O: 7	GOR: 1151
Test Method: Flowing	Casing PSI: 2500	Tubing PSI: 2300	Choke Size: 14/64	
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1297	API Gravity Oil: 43	
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7662	Tbg setting date: 03/11/2019	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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 8064 Bottom: 8175 No. Holes: 288 Hole size: 0.44

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

Niobrara: 8064-8175

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**

401984965 OTHER

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

Stamp Upon Approval

Total: 0 comment(s)