

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:

401987263

Date Received:

03/28/2019

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>05-123-45910-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>AZUL</u>	Well Number: <u>13-8HZ</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>13</u> Township: <u>1N</u> Range: <u>66W</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: 01/22/2019 End Date: 01/28/2019 Date of First Production this formation: 02/19/2019
Perforations Top: 7925 Bottom: 12697 No. Holes: 600 Hole size: 0.44

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

PERF AND FRAC FROM 7925-12697.

619 BBL 15% HCL ACID, 4,570 BBL PUMP DOWN, 128,112 BBL SLICKWATER, 133,301 TOTAL FLUID, 3,820,625# 40/70 OTTAWA/ST. PETERS, 3,820,625# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 133301

Max pressure during treatment (psi): 7754

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): 0.92

Total acid used in treatment (bbl): 619

Number of staged intervals: 25

Recycled water used in treatment (bbl): 750

Flowback volume recovered (bbl): 13076

Fresh water used in treatment (bbl): 131932

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 3820625

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/20/2019 Hours: 24 Bbl oil: 77 Mcf Gas: 301 Bbl H2O: 201

Calculated 24 hour rate: Bbl oil: 77 Mcf Gas: 301 Bbl H2O: 201 GOR: 3909

Test Method: Flowing Casing PSI: 2100 Tubing PSI: 1800 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: 7567 Tbg setting date: 03/19/2019 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 should be revised to 22' FNL, 1204' FWL, Sec 24.

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: 3/28/2019 Email: Callie.Fiddes@Anadarko.com

Attachment Check List

Att Doc Num **Name**

401987263 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Treatment start date does not match frac focus Changed treatment start date per operator	04/15/2019

Total: 1 comment(s)