

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:

402026105

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 05-123-46107-00
6. County: WELD
7. Well Name: AZUL
Well Number: 13-14HZ
8. Location: QtrQtr: SESW 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: 8773 Bottom: 12795 No. Holes: 288 Hole size: 0.44

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

8773-8793, 9144-9535, 10404-11220, 11779-11982, 12461-12795

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: <u>CARLILE-CODELL-FORT HAYS</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>02/27/2019</u>		End Date: <u>03/05/2019</u>		Date of First Production this formation: <u>04/11/2019</u>	
Perforations	Top: <u>8180</u>	Bottom: <u>12795</u>	No. Holes: <u>288</u>	Hole size: <u>0.44</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
PERF AND FRAC FROM 8180-12795. 71 BBL 15% HCL ACID, 3,159 BBL PUMP DOWN, 83,904 BBL SLICKWATER, 87,134 TOTAL FLUID, 2,553,040# 40/70 OTTAWA/ST. PETERS, 2,553,040# TOTAL SAND.					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): <u>87134</u>		Max pressure during treatment (psi): <u>7873</u>			
Total gas used in treatment (mcf): <u>0</u>		Fluid density at initial fracture (lbs/gal): <u>8.30</u>			
Type of gas used in treatment: _____		Min frac gradient (psi/ft): <u>0.92</u>			
Total acid used in treatment (bbl): <u>71</u>		Number of staged intervals: <u>13</u>			
Recycled water used in treatment (bbl): <u>0</u>		Flowback volume recovered (bbl): <u>8692</u>			
Fresh water used in treatment (bbl): <u>87063</u>		Disposition method for flowback: <u>DISPOSAL</u>			
Total proppant used (lbs): <u>2553040</u>		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: <u>05/07/2019</u>	Hours: <u>24</u>	Bbl oil: <u>96</u>	Mcf Gas: <u>81</u>	Bbl H2O: <u>110</u>	
Calculated 24 hour rate:	Bbl oil: <u>96</u>	Mcf Gas: <u>81</u>	Bbl H2O: <u>110</u>	GOR: <u>844</u>	
Test Method: <u>Flowing</u>	Casing PSI: <u>2500</u>	Tubing PSI: <u>1500</u>	Choke Size: <u>14/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1280</u>	API Gravity Oil: <u>43</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7798</u>	Tbg setting date: <u>05/06/2019</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
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.	

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 8180 Bottom: 12461 No. Holes: 288 Hole size: 0.44

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

8180-8181, 8248-8263, 8564-8773, 8793-9144, 9535-10013, 10153-10307, 11220-11779, 11982-12461

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: 8181 Bottom: 10404 No. Holes: 288 Hole size: 0.44

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

8181-8248, 8263-8564, 10013-10153, 10307-10404

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 77' FSL, 1813 FEL, Sec 13

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

402026209 OTHER

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)