

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:

402029743

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 05-123-46100-00  
6. County: WELD  
7. Well Name: AZUL  
Well Number: 13-25HZ  
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: 8932 Bottom: 11862 No. Holes: 336 Hole size: 0.44

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

8932-9349, 10656-11862

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-CARLILE		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 03/25/2019		End Date: 03/31/2019		Date of First Production this formation: 04/11/2019	
Perforations	Top: 8385	Bottom: 13317	No. Holes: 336	Hole size: 0.44	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
PERF AND FRAC FROM 8385-13317.  238 BBL 15% HCL ACID, 1,580 BBL PUMP DOWN, 2,484 BBL PUMP DOWN, 82,806 BBL SLICKWATER, 87,108 TOTAL FLUID, 2,579,810# 40/70 PREMIUM, 2,579,810# TOTAL SAND.					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): 87108		Max pressure during treatment (psi): 7925			
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): 0.89			
Total acid used in treatment (bbl): 238		Number of staged intervals: 13			
Recycled water used in treatment (bbl): 300		Flowback volume recovered (bbl): 8607			
Fresh water used in treatment (bbl): 86570		Disposition method for flowback: RECYCLE			
Total proppant used (lbs): 2579810		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: 04/30/2019	Hours: 24	Bbl oil: 98	Mcf Gas: 172	Bbl H2O: 100	
Calculated 24 hour rate:	Bbl oil: 98	Mcf Gas: 172	Bbl H2O: 100	GOR: 1755	
Test Method: Flowing	Casing PSI: 2500	Tubing PSI: 1500	Choke Size: 14/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1280	API Gravity Oil: 43		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 8049	Tbg setting date: 04/30/2019	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: 8385 Bottom: 13317 No. Holes: 336 Hole size: 0.44

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

8385-8932, 9349-10656, 11862-13317

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 234' FSL, 998' 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

402029785 OTHER

Total Attach: 1 Files

## General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)