

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:

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

5. API Number 05-123-46099-00 6. County: WELD
7. Well Name: AZUL Well Number: 13-23HZ
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: 9545 Bottom: 9546 No. Holes: 300 Hole size: 0.44

Provide a brief summary of the formation treatment:

Open Hole: ☐

9545-9546

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>02/11/2019</u>		End Date: <u>02/13/2019</u>		Date of First Production this formation: <u>04/11/2019</u>	
Perforations	Top: <u>7880</u>	Bottom: <u>12647</u>	No. Holes: <u>300</u>	Hole size: <u>0.44</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
PERF AND FRAC FROM 7880-12647. 71 BBL 15% HCL ACID, 29 BBL 7.5% HCL ACID, 2,639 BBL PUMP DOWN, 1,533 BBL PUMP DOWN, 87,121 BBL SLICKWATER, 91,393 TOTAL FLUID, 2,652,613# 40/70 OTTAWA/ST. PETERS, 2,652,613# 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>91393</u>		Max pressure during treatment (psi): <u>7660</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>0.85</u>			
Total acid used in treatment (bbl): <u>100</u>		Number of staged intervals: <u>13</u>			
Recycled water used in treatment (bbl): <u>150</u>		Flowback volume recovered (bbl): <u>5883</u>			
Fresh water used in treatment (bbl): <u>91143</u>		Disposition method for flowback: <u>RECYCLE</u>			
Total proppant used (lbs): <u>2652613</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>7483</u>	Tbg setting date: <u>05/04/2019</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: 8867 Bottom: 12488 No. Holes: 300 Hole size: 0.44

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

8867-9545, 9546-12488

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: 7880 Bottom: 12647 No. Holes: 300 Hole size: 0.44

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

7880-8867, 12488-12647

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 16' FNL, 2300' FWL, Sec 24.

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

402028174 OTHER

Total Attach: 1 Files

General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)