

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:

402034609

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: CRYSTAL MCCLAIN
Phone: (720) 9294398
Fax:
Email: CRYSTAL.MCCLAIN@ANADARKO.COM

5. API Number 05-123-46254-00
6. County: WELD
7. Well Name: VERDE
Well Number: 13-10HZ
8. Location: QtrQtr: NENW 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: 12443 Bottom: 18507 No. Holes: 672 Hole size: 0.44

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

12443-13366, 15467-15640, 15744-15783, 18348-18507

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>02/16/2019</u>		End Date: <u>02/24/2019</u>		Date of First Production this formation: <u>04/15/2019</u>	
Perforations	Top: <u>7893</u>	Bottom: <u>18746</u>	No. Holes: <u>672</u>	Hole size: <u>0.44</u>	

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

PERF AND FRAC FROM 7893-18746.

 650 BBL 15% HCL ACID; 11,114 BBL PUMP DOWN; 190,185 BBL SLICKWATER; 201,949 TOTAL FLUID; 5,876,420# 40/70 GENOA/SAND HILLS; 5,876,420# TOTAL SAND.

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

Total fluid used in treatment (bbl): <u>201949</u>	Max pressure during treatment (psi): <u>7891</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>0.87</u>
Total acid used in treatment (bbl): <u>650</u>	Number of staged intervals: <u>29</u>
Recycled water used in treatment (bbl): <u>1050</u>	Flowback volume recovered (bbl): <u>10121</u>
Fresh water used in treatment (bbl): <u>200249</u>	Disposition method for flowback: <u>RECYCLE</u>
Total proppant used (lbs): <u>58764200</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>05/21/2019</u>	Hours: <u>24</u>	Bbl oil: <u>133</u>	Mcf Gas: <u>117</u>	Bbl H2O: <u>176</u>
Calculated 24 hour rate:	Bbl oil: <u>133</u>	Mcf Gas: <u>117</u>	Bbl H2O: <u>176</u>	GOR: <u>880</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2200</u>	Tubing PSI: <u>1600</u>	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1306</u>	API Gravity Oil: <u>51</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7538</u>	Tbg setting date: <u>05/19/2019</u>	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: 7893 Bottom: 18746 No. Holes: 672 Hole size: 0.44

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

7893-9607, 9933-10675, 10690-12013, 12043-12253, 12301-12443, 13366-15467, 15640-15744, 15783-18348, 18507-18746

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: 9607 Bottom: 12301 No. Holes: 672 Hole size: 0.44

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

9607-9933, 10675-10690, 12013-12043, 12253-12301

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 456' FNL, 2325' 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: CRYSTAL MCCLAIN

Title: REGULATORY ANALYST Date: Email: CRYSTAL.MCCLAIN@ANADARKO.COM

Attachment Check List

Att Doc Num **Name**

402035543 OTHER

Total Attach: 1 Files

General Comments

User Group **Comment**

Comment Date

Stamp Upon Approval

Total: 0 comment(s)