

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:

402036378

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 05-123-46251-00
6. County: WELD
7. Well Name: VERDE
Well Number: 13-14HZ
8. Location: QtrQtr: NWNE 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: 8249 Bottom: 18188 No. Holes: 630 Hole size: 0.44

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

CARLILE: 8249-8497, 12475-12551, 12853-13143, 13260-13464, 16384-17034, 17547-18188.

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 Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 7996 Bottom: 18891 No. Holes: 630 Hole size: 0.44

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

CODELL: 7996-8249, 8497-9813, 10188-10607, 10640-11127, 11222-12335, 12551-12667, 13143-13260, 13464-15170, 15189-16384, 17034-17547, 18188-18891.

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: 9901 Bottom: 18922 No. Holes: 630 Hole size: 0.44

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

FORT HAYS: 9901-10188, 10607-10640, 11127-11222, 12335-12475, 12667-12853, 15170-15189, 18891-18922.

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: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 9813 Bottom: 9901 No. Holes: 630 Hole size: 0.44

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

NIOBRARA: 9813-9901

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: NIOBRARA-FORT HAYS-CODELL-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/04/2019 End Date: 03/20/2019 Date of First Production this formation: 04/15/2019
Perforations Top: 7996 Bottom: 18922 No. Holes: 630 Hole size: 0.44

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF AND FRAC FROM 7996-18922.

386 BBL 15% HCL ACID; 81 BBL 7.5% HCL ACID; 10,592 BBL PUMP DOWN; 186,404 BBL SLICKWATER; 197,463 TOTAL FLUID; 5,640,800# 40/70 GENOA/SAND HILLS; 5,640,800# TOTAL SAND.

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

Total fluid used in treatment (bbl): 197463

Max pressure during treatment (psi): 7900

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): 0.86

Total acid used in treatment (bbl): 467

Number of staged intervals: 27

Recycled water used in treatment (bbl): 300

Flowback volume recovered (bbl): 9858

Fresh water used in treatment (bbl): 196696

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 5640800

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/20/2019 Hours: 24 Bbl oil: 83 Mcf Gas: 139 Bbl H2O: 109

Calculated 24 hour rate: Bbl oil: 83 Mcf Gas: 139 Bbl H2O: 109 GOR: 1675

Test Method: FLOWING Casing PSI: 2500 Tubing PSI: 1500 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1306 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7719 Tbg setting date: 05/15/2019 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 531' FNL, 1264' 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

402036409 OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Stamp Upon
Approval

Total: 0 comment(s)