

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

Treatment Date: 04/26/2019 End Date: 04/28/2019 Date of First Production this formation: 05/22/2019

Perforations Top: 7838 Bottom: 12620 No. Holes: 252 Hole size: 0.44

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

PERF AND FRAC FROM 7838-12620.

24 BBL 15% HCL ACID, 38 BBL 7.5% HCL ACID, 1,947 BBL PUMP DOWN, 70,451 BBL SLICKWATER, 72,460 TOTAL FLUID, 2,182,050# 40/70 OTTAWA/ST. PETERS, 2,182,050# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 72460 Max pressure during treatment (psi): 7578

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): 0.88

Total acid used in treatment (bbl): 62 Number of staged intervals: 13

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 5426

Fresh water used in treatment (bbl): 72398 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 2182050 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/05/2019 Hours: 24 Bbl oil: 317 Mcf Gas: 268 Bbl H2O: 80

Calculated 24 hour rate: Bbl oil: 317 Mcf Gas: 268 Bbl H2O: 80 GOR: 845

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

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1266 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7494 Tbg setting date: 06/29/2019 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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 8145 Bottom: 12620 No. Holes: 252 Hole size: 0.44

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

8145-9284, 9359-11402, 11558-12620

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: 7838 Bottom: 8145 No. Holes: 252 Hole size: 0.44

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

7838-8145

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 6' FSL, 1966' FEL, 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

Table with 2 columns: Att Doc Num, Name. Row 1: 402068501, OTHER

Total Attach: 1 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date. Row 1: Stamp Upon Approval

Total: 0 comment(s)