

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:
402185986

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: <u>47120</u>	4. Contact Name: <u>Callie Fiddes</u>
2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-4361</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>Callie_Fiddes@Oxy.com</u>

5. API Number <u>05-123-47719-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>CASTLE PINES</u>	Well Number: <u>19-1HZ</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>19</u> Township: <u>2N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/09/2019 End Date: 07/17/2019 Date of First Production this formation: 08/16/2019
Perforations Top: 7801 Bottom: 17376 No. Holes: 1140 Hole size: 0.44

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

PERF FROM 7801-17376

459 BBLS 15% HCL ACID, 13,172 BBLS PUMP DOWN, 255,336 BBLS SLICKWATER, 268,967 BBLS TOTAL FLUID, 7,676,480 BBLS WHITE 40/70 PREMIUM, 7,676,480 BBLS TOTAL PROPPANT.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 268967

Max pressure during treatment (psi): 7991

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): 0.85

Total acid used in treatment (bbl): 459

Number of staged intervals: 38

Recycled water used in treatment (bbl): 4050

Flowback volume recovered (bbl): 5460

Fresh water used in treatment (bbl): 264458

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 7676480

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/22/2019 Hours: 24 Bbl oil: 694 Mcf Gas: 316 Bbl H2O: 129

Calculated 24 hour rate: Bbl oil: 694 Mcf Gas: 316 Bbl H2O: 129 GOR: 455

Test Method: Flowing Casing PSI: 2500 Tubing PSI: 1900 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1270 API Gravity Oil: 53

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7455 Tbg setting date: 09/20/2019 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 are correct and do not need revision.

Anadarko certifies compliance with rule 317.s.

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@Oxy.com

Attachment Check List

Att Doc Num **Name**

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)