

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:

402176211

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: Callie Fiddes  
Phone: (720) 929-4361  
Fax:  
Email: Callie\_Fiddes@Oxy.com

5. API Number 05-123-47716-00  
6. County: WELD  
7. Well Name: CASTLE PINES FED  
Well Number: 19-9HZ  
8. Location: QtrQtr: SESE Section: 19 Township: 2N 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: 8110 Bottom: 8999 No. Holes: 576 Hole size: 0.44

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

8110-8999

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-CARLILE		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 07/18/2019		End Date: 07/24/2019		Date of First Production this formation: 08/16/2019	
Perforations	Top: 7717	Bottom: 17318	No. Holes: 576	Hole size: 0.44	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
PERF FROM 7717-17318  59 BBLS 15% HCL ACID, 24 BBLS 7.5% HCL ACID, 7,508 BBLS PUMP DOWN, 170,630 BBLS SLICKWATER, 178,221 BBLS TOTAL FLUID. 5,311,340 BBLS WHITE 40/70 OTTAWA/ST. PETERS, 5,311,340 BBLS TOTAL PROPPANT.					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): 178221		Max pressure during treatment (psi): 7740			
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): 83		Number of staged intervals: 24			
Recycled water used in treatment (bbl): 2250		Flowback volume recovered (bbl): 1559			
Fresh water used in treatment (bbl): 175888		Disposition method for flowback: RECYCLE			
Total proppant used (lbs): 5311340		Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>			
Reason why green completion not utilized: _____					
<b>Fracture stimulations must be reported on FracFocus.org</b>					
<b>Test Information:</b>					
Date: 10/07/2019	Hours: 24	Bbl oil: 331	Mcf Gas: 584	Bbl H2O: 322	
Calculated 24 hour rate:	Bbl oil: 331	Mcf Gas: 584	Bbl H2O: 322	GOR: 1764	
Test Method: Flowing	Casing PSI: 2300	Tubing PSI: 2000	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: 7479	Tbg setting date: 10/03/2019	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: 7717 Bottom: 17318 No. Holes: 576 Hole size: 0.44

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

7717-8110, 8999-17318

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 627' FSL, 1304' FEL, Sec 19.

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@Oxy.com

### Attachment Check List

Att Doc Num Name

402176428 OTHER

Total Attach: 1 Files

### General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)