

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:

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: Yes 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:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

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:

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: 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)