

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:

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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 05-123-49222-00

7. Well Name: JDB

8. Location: QtrQtr: SESE Section: 15 Township: 1N Range: 66W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 15-5HZ

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 08/19/2019 End Date: 09/02/2019 Date of First Production this formation: 09/24/2019
Perforations Top: 8512 Bottom: 13996 No. Holes: 716 Hole size: 0.44
Provide a brief summary of the formation treatment: Open Hole: ☐

PERF FROM 8512-13996

435 BBLS 15% HCL ACID, 6,308 BBLS PUMP DOWN, 332,973 BBLS SLICKWATER, 339,716 BBLS TOTAL FLUID. 85,380 LBS WHITE 100 MESH, 8,017,460 LBS WHITE 40/70 OTTAWA/ST. PETERS, 8,102,840 TOTAL PROPPANT.

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

Total fluid used in treatment (bbl): 339716

Max pressure during treatment (psi): 7936

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): 435

Number of staged intervals: 28

Recycled water used in treatment (bbl): 4110

Flowback volume recovered (bbl): 8561

Fresh water used in treatment (bbl): 335171

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 8102840

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/19/2019 Hours: 24 Bbl oil: 144 Mcf Gas: 125 Bbl H2O: 71
Calculated 24 hour rate: Bbl oil: 144 Mcf Gas: 125 Bbl H2O: 71 GOR: 868
Test Method: Flowing Casing PSI: 2400 Tubing PSI: 2000 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1280 API Gravity Oil: 48
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8053 Tbg setting date: 10/17/2019 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.

Occidental 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)