

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:

402286388

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 05-123-48108-00

7. Well Name: CARSON

8. Location: QtrQtr: SWSW Section: 1 Township: 1N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 1-8HZ

Completed Interval

FORMATION: CODELL-FORT HAYS		Status: PRODUCING		Treatment Type: FRACTURE STIMULATION	
Treatment Date: 10/30/2019		End Date: 11/08/2019		Date of First Production this formation: 01/09/2020	
Perforations	Top: 8275	Bottom: 17989	No. Holes: 576	Hole size: 0.44	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
PERF FROM 8275-17989  173 BBLS 15% HCL ACID, 9,874 BBLS PUMP DOWN, 173,812 BBLS SLICKWATER, 183,859 BBLS TOTAL FLUID. 5,363,651 LBS WHITE 40/70 OTTAWA/ST. PETERS, 5,363,651 LBS TOTAL PROPPANT					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Total fluid used in treatment (bbl): 183859		Max pressure during treatment (psi): 7703			
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): 173		Number of staged intervals: 25			
Recycled water used in treatment (bbl): 2145		Flowback volume recovered (bbl): 5463			
Fresh water used in treatment (bbl): 181541		Disposition method for flowback: RECYCLE			
Total proppant used (lbs): 5363651		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: 01/19/2020	Hours: 24	Bbl oil: 233	Mcf Gas: 630	Bbl H2O: 402	
Calculated 24 hour rate:	Bbl oil: 233	Mcf Gas: 630	Bbl H2O: 402	GOR: 2704	
Test Method: Flowing	Casing PSI: 2000	Tubing PSI: 1400	Choke Size: 14/64		
Gas Disposition: SOLD	Gas Type: WET	Btu Gas: 1253	API Gravity Oil: 58		
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7788	Tbg setting date: 01/14/2020	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: 8531 Bottom: 17989 No. Holes: 576 Hole size: 0.44

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

8531-17989

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: 8275 Bottom: 8531 No. Holes: 576 Hole size: 0.44

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

8275-8531

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 769' FSL, 967' FWL, Sec 1.

Occidental 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

402286907 OTHER

Total Attach: 1 Files

## General Comments

User Group Comment

Comment Date

Stamp Upon Approval

Total: 0 comment(s)