

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) 892-2109



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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: <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>05-123-49371-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>RANGER</u>	Well Number: <u>7-12HZ</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>7</u> Township: <u>1N</u> Range: <u>67W</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: 03/17/2020 End Date: 03/26/2020 Date of First Production this formation: _____
Perforations Top: 8197 Bottom: 18728 No. Holes: 1170 Hole size: 0.39

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

PERF FROM 8197-18728

471 BBLS 15% HCL ACID, 287 BBLS 33% HCR-7000 WL, 16,832 BBLS PUMP DOWN, 274,027 BBLS SLICKWATER, 291,617 BBLS TOTAL FLUID. 8,118,650 LBS WHITE 40/70 OTTAWA/ST PETERS, 8,118,650 LBS TOTAL PROPPANT.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 291617

Max pressure during treatment (psi): 7861

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): 0.86

Total acid used in treatment (bbl): 758

Number of staged intervals: 39

Recycled water used in treatment (bbl): 4650

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 286209

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 8118650

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 17' FNL, 541' FWL, Sec 7.

Occidental certifies compliance with rule 317.s.

This well was immediately shut in after frac and therefore does not have a date of first production, flowback volume or test data yet. Another 5A will be submitted when the well is turned on to sales.

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

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)