

Document Number:
402479065

Date Received:
09/01/2020

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 4. Contact Name: Callie Fiddes
 2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-4361
 3. Address: P O BOX 173779 Fax: _____
 City: DENVER State: CO Zip: 80217- Email: Callie_Fiddes@Oxy.com

5. API Number 05-123-25101-00 6. County: WELD
 7. Well Name: CANEPA Well Number: 6-13
 8. Location: QtrQtr: SWNE Section: 6 Township: 3N Range: 67W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 11/27/2008 End Date: 11/27/2008 Date of First Production this formation: 12/03/2008
 Perforations Top: 7222 Bottom: 7238 No. Holes: 64 Hole size: 0.39

Provide a brief summary of the formation treatment: Open Hole:
Frac'd Codell w/338,420 #30/50 sand and 12,000# 12/20 SB Excel sand using 102,027 gal 26# pHaser

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: 03/05/2009 Hours: 6 Bbl oil: 21 Mcf Gas: 72 Bbl H2O: 43
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: 3428
 Test Method: Flowing Casing PSI: _____ Tubing PSI: _____ Choke Size: 0.156
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1362 API Gravity Oil: 46
 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 form 5A is being submitted as a replica of the completion report submitted 10/6/2009 (doc ID 12325101) in order to confirm Codell as the producing formation. The completed interval report submitted 8/19/2009 (doc ID 12325101) listing Niobrara and Codell as waiting on completion is incorrect. The Codell is the only producing formation.

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: 9/1/2020 Email: Callie_Fiddes@Oxy.com
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Attachment Check List

Att Doc Num **Name**

402479065	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

Permit	Permitting review complete.	09/01/2020
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