

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:

402540002

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 05-123-48452-00

7. Well Name: BUDDY

8. Location: QtrQtr: NENE Section: 7 Township: 1N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 7-13HZ

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/16/2020 End Date: 10/25/2020 Date of First Production this formation: 11/06/2020
Perforations Top: 8003 Bottom: 18158 No. Holes: 1107 Hole size: 0.39

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF FROM 8003-18158

48 BBLS 15% HCL ACID, 305 BBLS 25% HCR-7000 WL, 325 BBLS 33% HCR-7000WL, 38 BBLS 7.5% HCL ACID, 19,608 BBLS PUMP DOWN, 249,451 BBLS SLICKWATER, 269,775 BBLS TOTAL FLUID. 7,131,134 LBS WHITE 40/70 OTTAWA/ST. PETERS, 7,131,134 LBS TOTAL PROPPANT.

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

Total fluid used in treatment (bbl): 269775

Max pressure during treatment (psi): 7870

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 83.00

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 0.92

Total acid used in treatment (bbl): 716

Number of staged intervals: 37

Recycled water used in treatment (bbl): 750

Flowback volume recovered (bbl): 8430

Fresh water used in treatment (bbl): 268309

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 7131134

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/02/2020 Hours: 24 Bbl oil: 815 Mcf Gas: 1155 Bbl H2O: 554
Calculated 24 hour rate: Bbl oil: 815 Mcf Gas: 1155 Bbl H2O: 554 GOR: 1417
Test Method: Flowing Casing PSI: 2000 Tubing PSI: 1600 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 API Gravity Oil: 43
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7538 Tbg setting date: 11/29/2020 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 179' FNL, 957' FEL, Sec 7.

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)