

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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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 &amp; 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>05-123-48459-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BUDDY</u>	Well Number: <u>7-16HZ</u>
8. Location: QtrQtr: <u>NENE</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: 10/16/2020 End Date: 10/26/2020 Date of First Production this formation: 11/06/2020  
Perforations Top: 8090 Bottom: 18258 No. Holes: 1107 Hole size: 0.39

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF FROM 8090-18258

105 BBLS 15% HCL ACID, 248 BBLS 25% HCR-7000 WL, 229 BBLS 33% HCR-7000 WL, 152 BBLS 7.5% HCL ACID, 17,998 BBLS PUMP DOWN, 198,119 BBLS SLICKWATER, 216,851 BBLS TOTAL FLUID. 7,103,372 LBS WHITE 40/70 OTTAWA/ST. PETERS, 7,103,372 LBS TOTAL PROPPANT.

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

Total fluid used in treatment (bbl): 216851

Max pressure during treatment (psi): 8068

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): 734

Number of staged intervals: 37

Recycled water used in treatment (bbl): 300

Flowback volume recovered (bbl): 7070

Fresh water used in treatment (bbl): 215817

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 7103372

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

Date: 11/30/2020 Hours: 24 Bbl oil: 305 Mcf Gas: 448 Bbl H2O: 200  
Calculated 24 hour rate: Bbl oil: 305 Mcf Gas: 448 Bbl H2O: 200 GOR: 1469  
Test Method: Flowing Casing PSI: 1800 Tubing PSI: 1300 Choke Size: 18/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1283 API Gravity Oil: 43  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7639 Tbg setting date: 11/26/2020 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 195' FNL, 96' 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

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## 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)