

FORM
5A

Rev
09/20

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:

402608164

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 05-069-06503-00

7. Well Name: JODSTER SOUTH

8. Location: QtrQtr: SENE Section: 25 Township: 5N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: LARIMER

Well Number: 25-9HZ

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 12/13/2020 End Date: 12/20/2020 Date this Formation was Completed: 01/28/2021
Perforations Top: 7736 Bottom: 12610 No. Holes: 537 Hole size: 0.39 Open Hole: ☐

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

PERF FROM 7736-12610

24 BBLS 15% HCL ACID; 267 BBLS 20% HCR-7000 WL; 57 BBLS 7.5% HCL ACID; 5,235 BBLS PUMP DOWN; 127,246 BBLS SLICKWATER; 132,829 BBLS TOTAL FLUID. 3,829,012 LBS WHITE 40/70 OTTAWA/ST. PETERS; 3,829,012 LBS TOTAL PROPPANT.

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

Total fluid used in treatment (bbl): 132829 Max pressure during treatment (psi): 7939
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): 0.94
Total acid used in treatment (bbl): 348 Number of staged intervals: 18
Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl): 8312
Fresh water used in treatment (bbl): 132481 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3829012

Fracture stimulations must be reported on FracFocus.org

Test Information:

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 990' FSL, 20' FEL, Sec. 25.

Occidental certifies compliance with rule 408.u.

Tubing has not yet been set on this well. Another 5A with test information will be submitted when it has.

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 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)