

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) 892-2109



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Document Number:
402638628

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>05-069-06514-00</u>	6. County: <u>LARIMER</u>
7. Well Name: <u>JODSTER NORTH</u>	Well Number: <u>25-4HZ</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>25</u> Township: <u>5N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 01/15/2021 End Date: 01/23/2021 Date this Formation was Completed: 02/27/2021

Perforations Top: 7617 Bottom: 12590 No. Holes: 540 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 7617-12590

167 BBLS 15% HCL ACID; 248 BBLS 20% HCR-7000 WL; 210 BBLS 7.5% HCL ACID; 5,375 BBLS PUMP DOWN; 129,731 BBLS SLICKWATER; 135,731 BBLS TOTAL FLUID. 3,936,780 LBS WHITE 40/70 OTTAWA/ST. PETERS; 3,936,780 LBS TOTAL PROPPANT.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 135731 Max pressure during treatment (psi): 8213

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): 0.91

Total acid used in treatment (bbl): 625 Number of staged intervals: 18

Recycled or Reused Fluids used in treatment (bbl): 150 Flowback volume recovered (bbl): 7892

Fresh water used in treatment (bbl): 134956 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 3936780

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 670' FNL, 51' FWL, Sec. 30.

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

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)