

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

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](https://www.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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)