

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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Date Received:

04/13/2021

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 05-123-50817-00

7. Well Name: CUMMINGS

8. Location: QtrQtr: NWNW Section: 19 Township: 5N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 19-5HZ

Completed Interval

FORMATION: NIOBRARA Status: SHUT IN Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 03/21/2021 End Date: 03/30/2021 Date this Formation was Completed: _____
Perforations Top: 7568 Bottom: 17401 No. Holes: 1077 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 7568-17401

95 BBLS 15% HCL ACID; 286 BBLS 20% HCR-7000 WL; 324 BBLS 33% HCR-7000 WL; 24 BBLS 7.5% HCL ACID; 17,076 BBLS PUMP DOWN; 262,227 BBLS SLICKWATER; 280,032 BBLS TOTAL FLUID. 7,869,025 LBS WHITE 40/70 OTTAWA/ST. PETERS; 7,869,025 LBS TOTAL PROPPANT.

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

Total fluid used in treatment (bbl): 280032 Max pressure during treatment (psi): 8226
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): 0.89
Total acid used in treatment (bbl): 729 Number of staged intervals: 36
Recycled or Reused Fluids used in treatment (bbl): 2720 Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 276583 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 7869025

Fracture stimulations must be reported on [FracFocus.org](https://www.fracturfocus.org)

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ 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 901' FNL, 89' FWL, Sec. 19.

Occidental certifies compliance with rule 408.u.

This well was immediately shut in after frac and therefore does not have a date of first production, flowback volume or test data yet. Another 5A will be submitted when the well is turned on to production.

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: 4/13/2021 Email: Callie_Fiddes@Oxy.com
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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)