

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:
402936832

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: Kelsi Welch
2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP	Phone: (970) 929-3068
3. Address: P O BOX 173779	Fax:
City: DENVER State: CO Zip: 80217-	Email: kelsi_welch@oxy.com

5. API Number 05-123-51252-00	6. County: WELD
7. Well Name: NELSON	Well Number: 35-15HZ
8. Location: QtrQtr: NENW Section: 35 Township: 2N Range: 68W Meridian: 6	
9. Field Name: WATTENBERG	Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 11/04/2021 End Date: 11/10/2021 Date this Formation was Completed: 12/14/2021
Perforations Top: 8201 Bottom: 16364 No. Holes: 465 Hole size: 0.44 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.

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

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): 1576
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

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

Test Information:

01/20/2022 Hours: 24 Bbl oil: 679 Mcf Gas: 1168 Bbl H2O: 466
Date Calculated 24 hour rate: Bbl oil: 679 Mcf Gas: 1168 Bbl H2O: 466 GOR: 1720
Test Method: Flowing Casing PSI: 2300 Tubing PSI: 1900 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1265 API Gravity Oil: 56
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7626 Tbg setting date: 12/28/2021 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 Form 5A is being provided with a date of first production, flowback volume and test data now that tubing has been set on the well.
Please note treatment start date has been corrected from previously 5A (doc # 402897842).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Kelsi Welch
Title: Regulatory Consultant Date: _____ Email: kelsi_welch@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)