

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



DE	ET	OE	ES
----	----	----	----

Document Number:

402951814

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: Kelsi Welch

Phone: (970) 929-3068

Fax:

Email: kelsi_welch@oxy.com

5. API Number 05-123-51413-00

7. Well Name: BAKE

8. Location: QtrQtr: SWNW Section: 11 Township: 4N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 11-16HZ

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 01/14/2022 End Date: 01/22/2022 Date this Formation was Completed: _____
Perforations Top: 7859 Bottom: 17846 No. Holes: 600 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.

43 BBL 15% HCL ACID; 19 BBL 7.5% HCL ACID; 8,760 BBL PUMP DOWN; 193,053 BBL SLICKWATER; 201,875 BBL TOTAL FLUID; 4,704,750 LBS WHITE 30/50 OTTAWA/ST. PETERS; 798,641 LBS WHITE 40/70 OTTAWA/ST. PETERS; 5,503,391 LBS TOTAL PROPPANT.

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

Total fluid used in treatment (bbl): 201875 Max pressure during treatment (psi): 7945
Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____ Min frac gradient (psi/ft): 8.30
Total acid used in treatment (bbl): 62 Number of staged intervals: 25
Recycled or Reused Fluids used in treatment (bbl): 1470 Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE
Total proppant used (lbs): 5503391

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ 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 and was shut in immediately after frac. This well has not been turned on to production, has not had tubing set and does not have a flowback volume yet. Another 5A with date of first production, flowback volume and test information will be submitted when it has.

The estimated TPZ footages on the Form 5 should be revised to 896' FNL & 76' FWL, Section 11.

Occidental certifies compliance with Rule 408.u.

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

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)