

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:
402959267

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

5. API Number <u>05-123-51408-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BAKE</u>	Well Number: <u>11-22HZ</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>11</u> Township: <u>4N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 02/06/2022 End Date: 02/14/2022 Date this Formation was Completed: _____

Perforations Top: 7589 Bottom: 17666 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.

7,815 BBL PUMP DOWN; 186,316 BBL SLICKWATER; 194,131 BBL TOTAL FLUID; 4,768,665 LBS WHITE 30/50 OTTAWA/ST. PETERS; 806,620 LBS WHITE 40/70 OTTAWA/ST. PETERS; 5,575,285 LBS TOTAL PROPPANT.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 194131 Max pressure during treatment (psi): 7779

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): 0.84

Total acid used in treatment (bbl): 0 Number of staged intervals: 25

Recycled or Reused Fluids used in treatment (bbl): 2980 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 5575285

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 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 2262' FSL & 70' FEL, Section 10.

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**

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)