

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:  
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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 &amp; 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>05-123-51414-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BAKE</u>	Well Number: <u>11-24HZ</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: 7787 Bottom: 17884 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.

8,045 BBL PUMP DOWN; 355,999 BBL SLICKWATER; 364,044 BBL TOTAL FLUID; 9,672,552 LBS WHITE 30/50 OTTAWA/ST. PETERS; 1,480,350 LBS WHITE 40/70 OTTAWA/ST. PETERS; 11,152,902 LBS TOTAL PROPPANT.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 364044 Max pressure during treatment (psi): 7971

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): 3700 Flowback volume recovered (bbl): \_\_\_\_\_

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

Total proppant used (lbs): 11152902

**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 1418' FSL & 32' 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

Total Attach: 0 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)