

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: 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 05-123-51599-00

7. Well Name: SBJ

8. Location: QtrQtr: SWNW Section: 13 Township: 4N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 13-7HZ

Completed Interval

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

Treatment Date: 03/15/2022 End Date: 04/02/2022 Date this Formation was Completed: _____

Perforations Top: 7780 Bottom: 21118 No. Holes: 1500 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.

214 BBL 15% HCL ACID; 781 BBL 20% HCR-7000 WL ACID; 253 BBL 7.5% HCL ACID; 43,726 BBL PUMP DOWN; 525,087 BBL SLICKWATER; 570,061 BBL TOTAL FLUID; 15,998,940 LBS WHITE 40/70 OTTAWA/ST. PETERS; 15,998,940 LBS TOTAL PROPPANT

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

Total fluid used in treatment (bbl): 570061 Max pressure during treatment (psi): 8196

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): 1.03

Total acid used in treatment (bbl): 1248 Number of staged intervals: 50

Recycled or Reused Fluids used in treatment (bbl): 5260 Flowback volume recovered (bbl): _____

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

Total proppant used (lbs): 15998940

Fracture stimulations must be reported on [FracFocus.org](https://www.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 was immediately shut in after frac and therefore does not have a date of first production, flowback volumes or test data yet. Another 5A will be submitted when the well is turned on to production.

The estimated TPZ footages on the Form 5 should be revised to 1,546' FNL & 2,262' FEL, Section 13.

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)