

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 05-123-51592-00
6. County: WELD
7. Well Name: SBJ
Well Number: 13-6HZ
8. Location: QtrQtr: SWNW Section: 13 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: _____ Date this Formation was Completed: 07/06/2022
Perforations Top: 7972 Bottom: 21003 No. Holes: 768 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): 17057
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

07/15/2022 Hours: 24 Bbl oil: 470 Mcf Gas: 562 Bbl H2O: 38
Date Calculated 24 hour rate: Bbl oil: 470 Mcf Gas: 562 Bbl H2O: 38 GOR: 1196
Test Method: Flowing Casing PSI: 600 Tubing PSI: 1325 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1314 API Gravity Oil: 49
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7550 Tbg setting date: 06/03/2022 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.

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 Analyst Sr 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

Total: 0 comment(s)