

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

403491778

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: Christina Hirtler

Phone: (720) 929-6301

Fax:

Email: christina_hirtler@oxy.com

5. API Number 05-123-51862-00

7. Well Name: BERRY FARMS

8. Location: QtrQtr: SENE Section: 8 Township: 3N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 8-5HZ

Completed Interval

FORMATION: CODELL-FORT HAYS Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 04/29/2023 End Date: 05/20/2023 Date this Formation was Completed: 08/20/2023
Perforations Top: 754 Bottom: 22294 No. Holes: 888 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): 20987
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): _____

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

Test Information:

08/03/2023 Hours: 27 Bbl oil: 673 Mcf Gas: 1447 Bbl H2O: 176
Date Calculated 24 hour rate: Bbl oil: 673 Mcf Gas: 1447 Bbl H2O: 176 GOR: 2150
Test Method: Flowing Casing PSI: 1300 Tubing PSI: 1000 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1322 API Gravity Oil: 55
Tubing Size: 2 + 3/7 Tubing Setting Depth: 7132 Tbg setting date: 07/19/2023 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: Christina Hirtler
Title: Regulatory Date: _____ Email: christina_hirtler@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)