

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:
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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>Christina Hirtler</u>
2. Name of Operator: <u>KERR MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6301</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>christina_hirtler@oxy.com</u>

5. API Number <u>05-123-51935-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BLUE CHIP</u>	Well Number: <u>22-4HZ</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>22</u> Township: <u>5N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: _____ End Date: 08/26/2023 Date this Formation was Completed: 10/18/2023

Perforations Top: 8613 Bottom: 18704 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.

36 BBL 15% HCL ACID; 24 BBL 33% HCR-7000 WL ACID; 24 BBL 7.5% HCL ACID; 9,022 BBL PUMP DOWN; 254,567 BBL SLICKWATER; 263,673 BBL TOTAL FLUID; 7,161,475 LBS 30/50 NORTHERN WHITE SANDS CORP; 19,980 LBS 100 NORTHERN WHITE SANDS CORP; 825,834 LBS WHITE 40/70 NORTHERN WHITE SANDS CORP; 80,070,289 LBS TOTAL PROPPANT.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 263673 Max pressure during treatment (psi): 7848

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.91

Total acid used in treatment (bbl): 84 Number of staged intervals: 25

Recycled or Reused Fluids used in treatment (bbl): 3640 Flowback volume recovered (bbl): 22207

Fresh water used in treatment (bbl): 259949 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 8007289

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/12/2023 Hours: 24 Bbl oil: 564 Mcf Gas: 1032 Bbl H2O: 296

Calculated 24 hour rate: Bbl oil: 564 Mcf Gas: 1032 Bbl H2O: 296 GOR: 1830

Test Method: Flowing Casing PSI: 2248 Tubing PSI: 177 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1403 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8218 Tbg setting date: 10/16/2023 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
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Total: 0 comment(s)