

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



DE	ET	OE	ES
----	----	----	----

Document Number:

403830168

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. ECMC 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 05-123-52238-00

7. Well Name: LABRISA

8. Location: QtrQtr: NESW Section: 35 Township: 2N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 35-3HZ

Completed Interval

FORMATION: NIOBRARA Status: SHUT IN Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 05/05/2024 End Date: 05/24/2024 Date this Formation was Completed: _____
Perforations Top: 7577 Bottom: 17717 No. Holes: 930 Hole size: 0.41 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.

309 Y007-FB ACID; 85 BBL 7.5% HCL ACID; 14,088 BBL PUMP DOWN; 515,172 BBL SLICKWATER; 529,654 BBL TOTAL FLUID; 5,431,110 LBS 40/140 CAPITAL SAND HILLS; 9,893,450 LBS 100 MESH GENOA/SAND HILLS; 1,5324,560 LBS TOTAL PROPPANT.

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

Total fluid used in treatment (bbl): 529654 Max pressure during treatment (psi): 8423
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): 0.98
Total acid used in treatment (bbl): 394 Number of staged intervals: 31
Recycled or Reused Fluids used in treatment (bbl): 6890 Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): 522370 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 15324560

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

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
Date: _____ 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:

The estimated TPZ footages on the Form 5 should be revised to 75' FNL & 1394' FWL.
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.

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)