

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:

403903929

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 05-123-52242-00

7. Well Name: LABRISA

6. County: WELD

Well Number: 35-7HZ

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

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 05/24/2024 End Date: 06/13/2024 Date this Formation was Completed: 08/01/2024
Perforations Top: 7692 Bottom: 17860 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.

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): 1681
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:

08/07/2024 Hours: 24 Bbl oil: 159 Mcf Gas: 163 Bbl H2O: 692
Date Calculated 24 hour rate: Bbl oil: 159 Mcf Gas: 163 Bbl H2O: 692 GOR: 1026
Test Method: FLOWING Casing PSI: 2642 Tubing PSI: 1824 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1453 API Gravity Oil: 47
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7430 Tbg setting date: 07/28/2024 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
403903945	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)