

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:  
403904193

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: <u>47120</u>	4. Contact Name: <u>Christina Hirtler</u>
2. Name of Operator: <u>KERR MCGEE OIL &amp; 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>05-123-52244-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>LABRISA</u>	Well Number: <u>35-9HZ</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>35</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

## 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: 7953 Bottom: 18109 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): 1249

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

### Test Information:

08/09/2024 Hours: 24 Bbl oil: 202 Mcf Gas: 194 Bbl H2O: 648

Calculated 24 hour rate: Bbl oil: 202 Mcf Gas: 194 Bbl H2O: 648 GOR: 960

Test Method: FLOWING Casing PSI: 2249 Tubing PSI: 1452 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1453 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7771 Tbg setting date: 07/30/2024 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
403904200	WELLBORE DIAGRAM

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)