FORM 5A
Rev 09/20

State of Colorado
Energy & Carbon Management Commission

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Document Number: 403903503

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 05-123-52239-00
6. County: WELD
7. Well Name: LABRISA Well Number: 35-4HZ
8. Location: QtrQtr: NESW Section: 35 Township: 2N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 05/05/2024 End Date: 05/21/2024 Date this Formation was Completed: 07/31/2024

Perforations Top: 8883 Bottom: 17318 No. Holes: 360 Hole size: 0.46 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):

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

Total proppant used (lbs):

Fracture stimulations must be reported on FracFocus.org

Test Information:

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

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.

FORMATION: NIOBRARA-FT HAYS Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 05/05/2024 End Date: 05/21/2024 Date this Formation was Completed: 07/31/2024

Perforations Top: 7662 Bottom: 17318 No. Holes: 576 Hole size: 0.46 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): 2385

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

Total proppant used (lbs):

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/07/2024 Hours: 24 Bbl oil: 450 Mcf Gas: 642 Bbl H2O: 826

Calculated 24 hour rate: Bbl oil: 450 Mcf Gas: 642 Bbl H2O: 826 GOR: 1426

Test Method: FLOWING Casing PSI: 2342 Tubing PSI: 1668 Choke Size: 20/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7458 Tbg setting date: 07/25/2024 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 05/05/2024 End Date: 05/21/2024 Date this Formation was Completed: 07/31/2024

Perforations Top: 7662 Bottom: 14941 No. Holes: 216 Hole size: 0.46 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):

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

Total proppant used (lbs):

Fracture stimulations must be reported on FracFocus.org

Test Information:

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

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:

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
403903512	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)