

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:

403830970

Date Received:

06/20/2024

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 05-123-52245-00

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: 35-10HZ

Completed Interval

FORMATION: NIOBRARA Status: SHUT IN Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 05/24/2024 End Date: 06/13/2024 Date this Formation was Completed: _____

Perforations Top: 8098 Bottom: 18294 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.

375 Y007-FB ACID; 76 BBL 7.5% HCL ACID; 16,690 BBL PUMP DOWN; 290,109 BBL SLICKWATER; 307,250 BBL TOTAL FLUID; 1,583,485 LBS 40/70 GENOA/SAND HILLS; 3,199,665 LBS 100 MESH GENOA/SAND HILLS; 3,431,311 LBS 40/140 CAPITAL SAND; 8,214,461 LBS TOTAL PROPPANT.

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

Total fluid used in treatment (bbl): 307250 Max pressure during treatment (psi): 8478

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): 451 Number of staged intervals: 31

Recycled or Reused Fluids used in treatment (bbl): 2610 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 304189 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 8214461

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

Test Information:

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:

The estimated TPZ footages on the Form 5 should be revised to 75' FNL & 325 FEL.
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: 6/20/2024 Email: christina_hirtler@oxy.com

ATTACHMENT LIST

Att Doc Num Name

403830970 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed Completion review	02/25/2025

Total: 1 comment(s)