

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:

403903420

Date Received:

08/28/2024

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	4. Contact Name: Christina Hirtler
2. Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP	Phone: (720) 929-6301
3. Address: P O BOX 173779	Fax:
City: DENVER State: CO Zip: 80217-	Email: christina_hirtler@oxy.com

5. API Number 05-123-52238-00	6. County: WELD
7. Well Name: LABRISA	Well Number: 35-3HZ
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: 05/05/2024 End Date: 05/24/2024 Date this Formation was Completed: 07/31/2024  
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.

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): 1854  
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:

08/12/2024 Hours: 24 Bbl oil: 447 Mcf Gas: 489 Bbl H2O: 525  
Date Calculated 24 hour rate: Bbl oil: 447 Mcf Gas: 489 Bbl H2O: 525 GOR: 1094  
Test Method: FLOWING Casing PSI: 1963 Tubing PSI: 1517 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: 7332 Tbg setting date: 07/24/2024 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:

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: 8/28/2024 Email: christina\_hirtler@oxy.com

### ATTACHMENT LIST

Att Doc Num	Name
403903420	FORM 5A SUBMITTED
403903433	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Passed Completion review	02/26/2025

Total: 1 comment(s)