

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: <u>47120</u>	4. Contact Name: <u>Christina Hirtler</u>
2. Name of Operator: <u>KERR MCGEE OIL & 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>05-123-52238-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>LABRISA</u>	Well Number: <u>35-3HZ</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: 05/05/2024 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

Test Information:

08/12/2024 Hours: 24 Bbl oil: 447 Mcf Gas: 489 Bbl H2O: 525

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)