

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:

403903889

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.

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|--|------------------------------------|
| 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 |

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|---|---------------------|
| 5. API Number 05-123-52241-00 | 6. County: WELD |
| 7. Well Name: LABRISA | Well Number: 35-6HZ |
| 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: 05/24/2024 End Date: 06/13/2024 Date this Formation was Completed: 08/01/2024
Perforations Top: 7604 Bottom: 17736 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): 1938
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:

08/06/2024 Hours: 24 Bbl oil: 194 Mcf Gas: 205 Bbl H2O: 778
Date Calculated 24 hour rate: Bbl oil: 194 Mcf Gas: 205 Bbl H2O: 778 GOR: 106
Test Method: FLOWING Casing PSI: 2692 Tubing PSI: 1873 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: 7392 Tbg setting date: 07/27/2024 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: 8/28/2024 Email: christina_hirtler@oxy.com

ATTACHMENT LIST

| Att Doc Num | Name |
|-------------|-------------------|
| 403903889 | FORM 5A SUBMITTED |
| 403903911 | WELLBORE DIAGRAM |

Total Attach: 2 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---|---------------------|
| Permit | Corrected GOR Passed Completion review | 02/26/2025 |

Total: 1 comment(s)