

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



DE	ET	OE	ES
----	----	----	----

Document Number:

404224728

Date Received:

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, will be submitted by the Operator within thirty (30) days after the operations listed in Rule 416.a. The Operator will report the details of any Stimulation performed including, but not limited to, Hydraulic Fracturing Treatment and acidizing Stimulation. In order to resolve completed interval information uncertainties, the Director may require an Operator to submit further information in an additional Form 5A.

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 05-123-52645-00

7. Well Name: CLOVER

8. Location: QtrQtr: NWNE Section: 29 Township: 2N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 29-1HZ

10. If Directional, footage at Top of Prod. Zone: 160 Feet FNL 2473 Feet FWL

Sec: 36 Twp: 2N Rng: 67W

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING
Treatment Date: 02/23/2025 End Date: 03/11/2025 Date this Formation was Completed: 06/04/2025
Perforations Top: 7892 Bottom: 20454 No. Holes: 744 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](https://fracfocus.org)

Test Information:

05/25/2025 Hours: 24 Bbl oil: 605 Mcf Gas: 933 Bbl H2O: 35
Date Calculated 24 hour rate: Bbl oil: 605 Mcf Gas: 933 Bbl H2O: 935 GOR: 1543
Test Method: FLOWING Casing PSI: 2333 Tubing PSI: 1480 Choke Size: 26/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1410 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7606 Tbg setting date: 05/02/2025 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. Well not turned over to sales/production until after tubing installed. Therefore, there are no flowback volumes to report at time of this submittal. Produced water volumes will be reported on Form 7.

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
404224729	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)