

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:  
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

6. County: WELD

7. Well Name: CLOVER Well Number: 29-1HZ

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

9. Field Name: WATTENBERG Field Code: 90750

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**

### Test Information:

05/25/2025 Hours: 24 Bbl oil: 605 Mcf Gas: 933 Bbl H2O: 35  
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

<u>Att Doc Num</u>	<u>Name</u>
404224729	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)