

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:
404243915

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 05-123-52627-00

6. County: WELD

7. Well Name: ACACIA Well Number: 17-9HZ

8. Location: QtrQtr: SWSW Section: 17 Township: 2N Range: 63W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

10. If Directional, footage at Top of Prod. Zone: 2616 Feet FNL 302 Feet FWL
Sec: 20 Twp: 2N Rng: 63W

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 03/20/2025 End Date: 04/08/2025 Date this Formation was Completed: 06/04/2025

Perforations Top: 8830 Bottom: 19175 No. Holes: 618 Hole size: 0.7 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:

06/15/2025 Hours: 24 Bbl oil: 261 Mcf Gas: 336 Bbl H2O: 798
Date: 06/15/2025 Calculated 24 hour rate: Bbl oil: 261 Mcf Gas: 336 Bbl H2O: 798 GOR: 1288
Test Method: FLOWING Casing PSI: 790 Tubing PSI: 978 Choke Size: _____
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1466 API Gravity Oil: 42
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8366 Tbg setting date: 05/17/2025 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>
<u>404243930</u>	<u>WELLBORE DIAGRAM</u>

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)