

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:
403482587

Date Received:
08/01/2023

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>05-123-51482-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SCHLAGEL</u>	Well Number: <u>5-3HZ</u>
8. Location: QtrQtr: <u>NWSE</u> Section: <u>5</u> Township: <u>3N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: NIOBRARA Status: SHUT IN Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/17/2023 End Date: 07/05/2023 Date this Formation was Completed:

Perforations Top: 7446 Bottom: 20482 No. Holes: 1478 Hole size: 0.39 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.

19 BBL 15% HCL ACID; 772 BBL 20% HCR-7000 WL ACID; 95 BBL 7.5% HCL ACID; 30,765 BBL PUMP DOWN; 526,845 BBL SLICKWATER; 558,496 BBL TOTAL FLUID; 19,659,824 LBS WHITE 40/70 OTTAWA/ST. PETERS; 19,659,824 LBS TOTAL PROPPANT.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 558496 Max pressure during treatment (psi): 7866

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: Min frac gradient (psi/ft): 0.98

Total acid used in treatment (bbl): 886 Number of staged intervals: 48

Recycled or Reused Fluids used in treatment (bbl): 0 Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 557610 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 19659824

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: 8/1/2023 Email: christina_hirtler@oxy.com

ATTACHMENT LIST

Att Doc Num	Name
403482587	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	--HZ offset COA's verified as complete prior to stimulation --Received actual TPZ from operator in an e-mail and entered on Form 5, doc #403391420 --no comment that an additional 5A would be filed when test data, flowback volume and date of first production available --pass form	07/26/2025

Total: 1 comment(s)