

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:  
404302232

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 05-123-52724-00

6. County: WELD

7. Well Name: HICKORY  
Well Number: 34-1HZ

8. Location: QtrQtr: NWSE Section: 34 Township: 3N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

10. If Directional, footage at Top of Prod. Zone: 2286 Feet FNL 419 Feet FEL  
Sec: 34 Twp: 3N Rng: 67W

## Completed Interval

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

Treatment Date: 06/18/2025 End Date: 07/13/2025 Date this Formation was Completed: \_\_\_\_\_

Perforations Top: 7651 Bottom: 21606 No. Holes: 855 Hole size: 0.47 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.

24 BBL 15% HCL ACID; 518 Y007-FB ACID; 76 BBL 7.5% HCL ACID; 22,699 BBL PUMP DOWN; 570,289 BBL SLICKWATER; 593,606 BBL TOTAL FLUID; 17,790,010 LBS 40/140 CAPITAL SAND HILLS; 2,780,825 LBS 100 MESH GENOA/SAND HILLS; 20,570,835 LBS TOTAL PROPPANT.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 593606 Max pressure during treatment (psi): 8252

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

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.92

Total acid used in treatment (bbl): 618 Number of staged intervals: 43

Recycled or Reused Fluids used in treatment (bbl): 3230 Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): 589758 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 20570835

**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:

The estimated TPZ footages on the Form 5 should be revised to 2365'FNL /430'FEL .  
This well was immediately shut in after frac and therefore does not have a date of first production, flowback volumes or test data yet.  
Another 5A will be submitted when the well is turned on to production.

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**

\_\_\_\_\_

Total Attach: 0 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

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