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: 403911448

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 05-123-52257-00
6. County: WELD
7. Well Name: LIZZY NORTH
Well Number: 36-12HZ
8. Location: QtrQtr: SENE Section: 36 Township: 1N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

10. If Directional, footage at Top of Prod. Zone: 100 Feet FSL 625 Feet FWL
Sec: 36 Twp: 1N Rng: 68W

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/16/2024 End Date: 07/02/2024 Date this Formation was Completed: 08/09/2024

Perforations Top: 9441 Bottom: 9542 No. Holes: 34 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.

Carlile perfs from: 9441-9452, 9461-9482, 9490-9512, 9521-9542

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): _____

Recycled Produced Water Alternative used in treatment (bbls): _____

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

Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ 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.

FORMATION: CODELL Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/16/2024 End Date: 07/02/2024 Date this Formation was Completed: 08/09/2024

Perforations Top: 9942 Bottom: 17332 No. Holes: 396 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.

Codell Perfs are from: 9942-16542. 9551-19670, 10333-16933,10716-17332

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): _____

Recycled Produced Water Alternative used in treatment (bbls): _____

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

Total proppant used (lbs):

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 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.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/16/2024 End Date: 07/02/2024 Date this Formation was Completed: 08/09/2024

Perforations Top: 17766 Bottom: 18497 No. Holes: 48 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.

Fort Hays perfs are from 17766-18497

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):

Recycled Produced Water Alternative used in treatment (bbls):

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

Total proppant used (lbs):

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 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.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/16/2024 End Date: 07/02/2024 Date this Formation was Completed: 08/09/2024

Perforations Top: 11897 Bottom: 17715 No. Holes: 40 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.

NIO Perf 11,897-12,243 and from 17,371-17,715

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): _____

Recycled Produced Water Alternative used in treatment (bbls): _____

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

Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ 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.

FORMATION: NIOBRARA-FORT HAYS-CODELL-CARLILE Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 06/16/2024 End Date: 07/02/2024 Date this Formation was Completed: 08/09/2024

Perforations Top: 9441 Bottom: 19670 No. Holes: 515 Hole size: 0.53 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.

143 BBL 15% HCL ACID; 396 SPEARPOINT-WL ACID; 143 BBL 7.5% HCL ACID; 16,136 BBL PUMP DOWN; 410,799 BBL SLICKWATER; 427,617 BBL TOTAL FLUID; 15,147,378 LBS 100 MESH GENOA/SAND HILLS; 15,147,378 LBS TOTAL PROPPANT.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 427617 Max pressure during treatment (psi): 8244

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): 0.89

Total acid used in treatment (bbl): 682 Number of staged intervals: 34

Recycled or Reused Fluids used in treatment (bbl): 5220 Flowback volume recovered (bbl): 1839

Recycled Produced Water Alternative used in treatment (bbls):

Fresh water used in treatment (bbl): 421715 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 15147378

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/24/2024 Hours: 24 Bbl oil: 592 Mcf Gas: 1494 Bbl H2O: 839

Calculated 24 hour rate: Bbl oil: 592 Mcf Gas: 1494 Bbl H2O: 839 GOR: 2524

Test Method: FLOWING Casing PSI: 2640 Tubing PSI: 1583 Choke Size: 22/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1389 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8675 Tbg setting date: 08/03/2024 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, flowback volume and test data now that tubing has been set on the well.

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
403911476	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Returned to Draft - Producing formations should be broke out and labeled either producing/comingled. Panel information should be filled out for each formation GOR is wrong Disposition method for flowback dropdown is not selected Form 7 checked for accuracy - accuracy confirmed Populated missing information on this form with information from the preliminary Form 5A Inserted TPZ footage calls “Comment” from the previously submitted Form 5A	09/18/2025

Total: 1 comment(s)