

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:
403588264

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 05-123-51937-00

6. County: WELD

7. Well Name: BLUE CHIP Well Number: 22-6HZ

8. Location: QtrQtr: SENW Section: 22 Township: 5N Range: 67W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

10. If Directional, footage at Top of Prod. Zone: 2508 Feet FNL 135 Feet FEL
Sec: 22 Twp: 5N Rng: 67W

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 07/23/2023 End Date: 08/10/2023 Date this Formation was Completed: 10/12/2023

Perforations Top: 8765 Bottom: 18772 No. Holes: 600 Hole size: 0.44 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): 12888

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

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

Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

11/01/2023 Hours: 24 Bbl oil: 944 Mcf Gas: 3155 Bbl H2O: 672

Calculated 24 hour rate: Bbl oil: 944 Mcf Gas: 3155 Bbl H2O: 672 GOR: 3342

Test Method: Flowing Casing PSI: 1873 Tubing PSI: 606 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1403 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8512 Tbg setting date: 10/11/2023 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

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to Draft: Formation and values do not match between Shut In form 5A and Producing Form 5A Emailed operator for Formation value correction and verification on TPZ listed on Form 5A Shut In	02/04/2026

Total: 1 comment(s)