

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:
403523516

Date Received:
02/11/2026

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: <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>05-123-51937-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>BLUE CHIP</u>	Well Number: <u>22-6HZ</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>22</u> Township: <u>5N</u> Range: <u>67W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

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

Completed Interval

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

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

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.

47 BBL 15% HCL ACID; 39 BBL 20% HCR-7000 WL ACID; 24 BBL 7.5% HCL ACID; 9,105 BBL PUMP DOWN; 265,051 BBL SLICKWATER; 274,266 BBL TOTAL FLUID; 7,142,866 LBS 30/50 NORTHERN WHITE SANDS CORP; 949,391 LBS WHITE 40/70 NORTHERN WHITE SANDS CORP; 8,092,257 LBS TOTAL PROPPANT.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 274266 Max pressure during treatment (psi): 7864

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): 0.85

Total acid used in treatment (bbl): 110 Number of staged intervals: 25

Recycled or Reused Fluids used in treatment (bbl): 3160 Flowback volume recovered (bbl): _____

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

Fresh water used in treatment (bbl): 270996 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 8092257

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 2508' FNL / 184' 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.

Kerr-McGee certifies compliance with Rule 408.u.

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: 2/11/2026 Email: christina_hirtler@oxy.com

ATTACHMENT LIST

Att Doc Num **Name**

403523516	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Operator resubmitted with corrected formation value Per operator concurrence added the TPZ line call out comment in Submit Tab comment box Permitting review complete	02/17/2026
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: 2 comment(s)