

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400961935

Date Received:

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. OGCC 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: ILA BEALE

Phone: (720) 929-6408

Fax:

Email: ila.beale@anadarko.com

5. API Number 05-123-40959-00

7. Well Name: CREAM

8. Location: QtrQtr: NWNE Section: 28 Township: 3N Range: 65W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 15C-28HZ

Completed Interval

FORMATION: NIOBRARA-FT HAYS-CODELL Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/05/2015 End Date: 12/11/2015 Date of First Production this formation: 12/20/2015
Perforations Top: 7668 Bottom: 12728 No. Holes: 600 Hole size: 0.46

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF AND FRAC FROM 7668-12728.
250 BBL ACID, 84,993 BBL SLICKWATER, 1,996 BBL TREATED WATER, - 87,240 BBL TOTAL FLUID
346,950# 100 MESH OTTAWA/ST. PETERS, 2,272,250# 40/70 OTTAWA/ST. PETERS, - 2,619,200# TOTAL SAND.
ENTERED: FT HAYS 7668-9641; 11,044-11,155; 11,272-12,394
CODELL 9641-11,044; 11,155-11,272
NIOBRARA 12,394-12,728
THIS IS A DESIGNATED SOURCE OF SUPPLY WELL
(SEE ATTACHMENT)

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

Total fluid used in treatment (bbl): 87240

Max pressure during treatment (psi): 7574

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): 0.97

Total acid used in treatment (bbl): 250

Number of staged intervals: 17

Recycled water used in treatment (bbl): 1330

Flowback volume recovered (bbl): 753

Fresh water used in treatment (bbl): 85660

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2619200

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/28/2015 Hours: 24 Bbl oil: 65 Mcf Gas: 416 Bbl H2O: 169
Calculated 24 hour rate: Bbl oil: 65 Mcf Gas: 416 Bbl H2O: 169 GOR: 6400
Test Method: FLOWING Casing PSI: 925 Tubing PSI: _____ Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1349 API Gravity Oil: 56
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: ILA BEALE

Title: STAFF REG. SPECIALIST Date: _____ Email: ila.beale@anadarko.com

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Attachment Check List

Att Doc Num

Name

400961937

OTHER

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)