

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:

401088938

Date Received:

08/15/2016

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: <u>47120</u>	4. Contact Name: <u>ILA BEALE</u>
2. Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Phone: <u>(720) 929-6408</u>
3. Address: <u>P O BOX 173779</u>	Fax: _____
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>	Email: <u>ila.beale@anadarko.com</u>

5. API Number <u>05-123-41919-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SARCHET</u>	Well Number: <u>36G-20HZ</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>20</u> Township: <u>2N</u> Range: <u>65W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/29/2016 End Date: 07/05/2016 Date of First Production this formation: 07/30/2016  
Perforations Top: 7512 Bottom: 12674 No. Holes: 468 Hole size: 0.46

Provide a brief summary of the formation treatment: Open Hole:

"PERF AND FRAC FROM 7512-12,674.  
267 BBL 7.5% HCP ACID, 3,863 BBL PUMP DOWN, 140,476 BBL SLICKWATER, - 144,605 BBL TOTAL FLUID  
648,150# 100 MESH GENOA/SAND HILLS, 3,532,550# 40/70 OTTAWA/ST. PETERS, - 4,180,700# TOTAL SAND."

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 144605 Max pressure during treatment (psi): 7650

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): 0.89

Total acid used in treatment (bbl): 267 Number of staged intervals: 26

Recycled water used in treatment (bbl): 600 Flowback volume recovered (bbl): 510

Fresh water used in treatment (bbl): 143739 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 4180700 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Date: 08/02/2016 Hours: 24 Bbl oil: 140 Mcf Gas: 282 Bbl H2O: 183

Calculated 24 hour rate: Bbl oil: 140 Mcf Gas: 282 Bbl H2O: 183 GOR: 2014

Test Method: FLOWING Casing PSI: 1200 Tubing PSI: \_\_\_\_\_ Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1377 API Gravity Oil: 51

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: 8/15/2016 Email: ila.beale@anadarko.com

### Attachment Check List

Att Doc Num	Name
401088938	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Form 7 missing Mar-May 2016 Form 5A, Doc #401088938 has been approved for NBRR	12/26/2017

Total: 1 comment(s)