

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: Callie Fiddes Phone: (720) 929-4361 Fax: Email: Callie.Fiddes@Anadarko.com

5. API Number 05-123-47265-00 6. County: WELD 7. Well Name: HENDU Well Number: 23-13HZ 8. Location: QtrQtr: NENE Section: 23 Township: 2N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 7911 Bottom: 12032 No. Holes: 336 Hole size: 0.44

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

7911-8153, 8285-8361, 8459-8761, 9018-9066, 9986-12032.

This formation is commingled with another formation: [X] 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 water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: [] Reason why green completion not utilized:

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-CARLILE Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/19/2019 End Date: 04/22/2019 Date of First Production this formation: 05/03/2019

Perforations Top: 7911 Bottom: 13148 No. Holes: 336 Hole size: 0.44

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

PERF AND FRAC FROM 7911-13148.

95 BBL 15% HCL ACID; 36 BBL 7.5% HCL ACID; 3,405 BBL PUMP DOWN; 95,853 BBL SLICKWATER; 99,389 TOTAL FLUID; 2,913,100# 40/70 PREMIUM; 2,913,100# TOTAL SAND.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 99389 Max pressure during treatment (psi): 7490

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): 0.79

Total acid used in treatment (bbl): 131 Number of staged intervals: 14

Recycled water used in treatment (bbl): 450 Flowback volume recovered (bbl): 8508

Fresh water used in treatment (bbl): 98808 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2913100 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/18/2019 Hours: 24 Bbl oil: 104 Mcf Gas: 179 Bbl H2O: 39

Calculated 24 hour rate: Bbl oil: 104 Mcf Gas: 179 Bbl H2O: 39 GOR: 1721

Test Method: Flowing Casing PSI: 2500 Tubing PSI: 1500 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1266 API Gravity Oil: 48

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7532 Tbg setting date: 06/12/2019 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: FRACTURE STIMULATION

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 8153 Bottom: 13148 No. Holes: 336 Hole size: 0.44

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

8153-8285, 8361-8459, 8761-9018, 9066-9986, 12032-13148.

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 water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

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

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

Reason why green completion not utilized: _____

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.

Comment:

This well had a delayed completion. The estimated TPZ footages on form 5 should be revised to 183' FNL, 21' FEL, SEC 23.
Anadarko certifies compliance with rule 317.s.
See attachment for copy of well path through formations.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Callie Fiddes

Title: Regulatory Analyst Date: 6/18/2019 Email: Callie.Fiddes@Anadarko.com

Attachment Check List

Att Doc Num	Name
402045083	FORM 5A SUBMITTED
402045142	OTHER

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permitting review complete.	09/09/2019

Total: 1 comment(s)