

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:

402045083

Date Received:

06/18/2019

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: ☒ 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)